

THE ALKALOIDAL CLINIC

Vol. 5.

OCTOBER, 1898.

No. 10.

A Monthly Journal Devoted to Accuracy in Therapeutics, with practical Suggestions Relating to the Clinical Application of the Same.

EDITORIAL STAFF

DR. W. C. ABBOTT; DR. W. F. WAUGH.

ADDRESS

THE ALKALOIDAL CLINIC,
Ravenswood P. O., CHICAGO.

SUBSCRIPTION PRICE:

United States and Canada, \$1.00 per year in advance.
Single Copies, 10 cents.

Four years for \$3.00 cash in advance.

Foreign (Postal Union) 50 per cent additional.

Chicago subscribers must add 25 cents for carrier postage.

Our advertising rates, accompanied by photographic reproductions of Post Office receipts will be sent on application.

ARTICLES on subjects coming within the scope of the different departments of this journal are solicited from all our readers. For each one used, if desired, we will supply the writer with twenty-five copies containing the same, or will send THE ALKALOIDAL CLINIC for three months to any ten physicians whose names and addresses accompany the article. Write on one side of the paper, and every other line only; say what you mean to say, and be brief and plain.

QUESTIONS of probable interest to our readers will be answered in our Miscellaneous Department. We expect these to add much value to our pages.

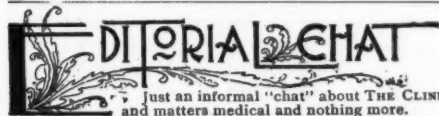
OUR AIM is to make this journal a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick.

ADDRESS AS ABOVE.

Entered at the Chicago Post Office as second-class matter.

IMPORTANT NOTICE.

Watch your wrapper; when it changes to pink it means that your paid-in-advance subscription has expired and that a renewal is in order. Unless we hear from you to the contrary we assume it your pleasure that we continue, expecting to receive a remittance at your earliest convenience. If you want the Clinic stopped please say so.



Just an informal "chat" about THE CLINIC and matters medical and nothing more.

THE LESSON OF THE WAR.

In this morning's paper I read that 541 of our brave soldiers have died of typhoid fever. Besides this, 131 died of "fever" and 292 of ailments not specified, of whom a goodly proportion may have been victims of the typhoid bacillus. Is not this

an appalling record? Has the time come to reduce medical journalism to recording cases of rupture of the aorta, anomalies in the arterial distribution and instances of sexual perversion, when such an awful mortality occurs from an affection that could and should be entirely prevented?

The continued existence of typhoid fever is a disgrace to the medical profession. It is perfectly established that the infectious elements of this disease are given off only in the dejecta, and that these can easily be destroyed by so cheap and easily procurable a thing as lime. If every particle of typhoid stools were received into strong whitewash and allowed to stand an hour before being disposed of, there would be no infection from that patient. New cases could only arise from contact with foci previously infected, and these would be detected and destroyed as discovered. Typhoid fever would thus cease to exist, and one of the scourges to humanity would fall before the advance of utilitarian science.

That this should not have been done in an army, where perfect control can be exercised, speaks badly for the authorities. It is too much the fashion for army medical men to content themselves with the performance of duties as they arise, without looking ahead. And if one of the regular corps goes beyond his routine, though not his duty, in recommending hygienic arrangements, he is tolerably sure to be snubbed, and told shortly that his business is to attend the sick. Mediocrity would resent his interference instead of utilizing his special ability.

Here is where the volunteer surgeon would possibly show superiority. Less accustomed to deferring to authority, irreverent as to red-tape, his duty to his

patients would appear paramount. He would not accept snubbing as part of his duty but would insist upon his charges getting their needs, and if turned down by his superior would go to the people, through the press, for support. And if this were done wisely, he would be right; for a surgeon must be ready to endure official persecution in the discharge of his duty to those for whose lives he is responsible. Nevertheless discipline is as necessary as health in an army, and a reformer of hygiene must consider this in the matter and manner of his communications. Neglect of this stamps him with mediocrity as surely as neglect of hygienic recommendations brands his commanding officer.

When Chickamauga was selected as a camp not a word was heard against its salubrity, the abundance and purity of its water supply and its general fitness for the purpose. And yet at Camp Thomas there have been 243 deaths from typhoid fever, 27 from "fever," 4 from meningitis, 13 from malaria, 1 from dysentery, 5 from pneumonia and 58 from ailments not specified, making 352 deaths in all. Granting that the location was as healthful as claimed, it is evident that the army has rendered it almost pestilential. This was to be expected by any one familiar with unseasoned troops. It is too much to expect even elementary observances of hygienic laws by such men—all of them. The utility of their instruction in the "first aid to the injured" is testified to by the remarkable results of the treatment of the wounded; but why did not these men receive instruction in "first principles of camp hygiene"? The disposal of excreta and preventing contamination of the drinking water should constitute the first lessons of the soldier. For the lack of this, because typhoid excreta have been allowed to disseminate this malady, we have the disgraceful record of 1,290 deaths in the army from disease, as compared with 350 from wounds.

We are now in a state of self-felicitation over the results of the war. The whole country resolves itself into a huge mutual admiration society. All right. Perfectly natural. Go ahead and shout yourselves hoarse; and no voice is louder, no hat flung higher than the CLINIC's, no admiration of our heroes more heartfelt than our own. But every one of those 1,290 dead men lies on our soul; every one of the fever-racked wrecks who drags his wasted form home from Santiago appeals to us more powerfully than his lusty comrade in the marching ranks. The former are the heroes. Let them indicate the duty before us.

It is not American to sit down and jubilate over our achievements, but rather to ask, what next? We have done well; could we have done better? The American has shown his superiority—he is too valuable to be allowed to fall a victim to preventable disease.

COLEMAN IN SANTIAGO.

No CLINIC reader can be indifferent to Father Coleman, who has gone to Santiago as a volunteer to study still further that disease which has so interested him. Neither age nor infirmity could restrain the old warhorse. The following is from a private letter to Dr. Abbott:

There are no mail facilities as yet, and when we write a letter there is no certainty of its reaching its destination, or if it does, it will be a month or two before we hear from it. This condition of things is causing more cases and deaths from "nostalgia" than I ever heard of in all my life. Uncle Sam ought to provide better facilities for his boys to hear from loved ones at home. I have met several poor fellows almost on the verge of giving up, being overcome by that intense, longing desire to hear from home; but they are being rapidly sent home by transport loads daily and their places filled by new regiments from different parts of the Union. Only this evening at sunset two large transports

arrived, bringing the 8th Illinois, a colored regiment from your State.

As stated in my last, we were having lovely weather, which continued during the whole voyage. We met Sampson's fleet in line, the New York leading, just before we rounded the east end of Cuba, Sunday evening, steaming rapidly northward on account of the armistice. We steamed slowly during the night in order not to reach the mouth of Santiago bay before daylight, and as the sun was rising we sailed grandly by battered old Moro Castle, passing the wreck of the Merrimac two miles above, and also that of the Reina Christina, sunk by our guns on July 4th, after the sinking of the Spanish fleet. She was the vessel that changed her position after the Maine was anchored for her doom, and it is now believed the fatal mine was fired by her. If so, she met a well-deserved fate, and "the Maine was again remembered," though I do not think she is sufficiently avenged.

Yet, looking upon the miserable specimens of humanity found in this vile, filthy city, I cannot refrain from exclaiming, "Uncle Sam ought to be ashamed of disgracing his splendid manhood by striking such a puny, effeminate, effete antagonist," and yet we have been too lenient with them, and treated them too kindly, for the subjects of the Montezumas of Mexico and the Incas of Peru far excelled them in civilization, even their civilization of today.

The bay of Santiago is neither as long nor wide as I had been taught, being only eight miles long and two miles at its widest part, but it fully equals the Bosphorus in the beauty and magnificence of its scenery on both sides. I have not tired of gazing at the hills, rising range after range till backed by mountains a mile high, reaching frequently above the white clouds, which add to the beauty of the evening scene by descending below their tops into the valleys. But, oh, the filthiness of the water of the bay, only exceeded by that of the foul bay of Havana! No wonder diseases of all kinds are rife. But, Doctor, I am greatly disappointed, for there is neither yellow fever nor smallpox here, and I asked this morning to be sent to Porto Rico, where smallpox is said to be raging, but was refused because it could not be done without an order from the Surgeon-General. So I have decided to

remain here a month, possibly two, then resign and go home. I do not begin active service till tomorrow, and if I find my letters reach you in any reasonable time, will write you every two weeks and keep you informed as to my work and the state of my health, which I am glad to say continues good. I am growing stronger every day, in fact have outwalked all my younger confreres, and no one will believe that I am nearly sixty-five years old.

I said there was no yellow fever here. They say there are fifty or sixty cases in a hospital just across the bay, which were picked up here and there in the city, and one, a physician, died yesterday; but there is no epidemic, and it is doubtful in my mind if there is genuine yellow fever here. If there is any, and it has been three weeks since the first cases, then I predict an outbreak in the near future.

W. L. COLEMAN, M. D.
Santiago de Cuba.

BACK NUMBERS.

I have just had occasion to review the back volumes of the CLINIC, from its beginning in 1894, and have been surprised to see how much valuable material they contain. There is a difference between living material and dead. The latter we see in the text-books, where only the "crystallized" thought is admitted. In the CLINIC we find the fresh, living, growing branches of the tree of knowledge. On every page we find records of clinical experiences, comparisons of the alkaloidal medication with the older methods, cases where the new therapy has succeeded after the old had failed; good, wholesome suggestions and ideas brought out by actual experience in practice. It is well worth anyone's while to have these four volumes in the library and refer to them for guidance in changing to that newer and more efficient method of treating the sick. Bound volumes of our back numbers will be found advertised in the pages set aside for that purpose. But a few full files yet remain. Better get yours while they are going.

ZINC PHOSPHIDE.

The phosphide of zinc merits an extended trial, for its properties appear to be unique as well as valuable. Many years ago I noticed that it was recommended as a remedy for shingles, or herpes zoster. I had occasion to try it, and found the pain cease and the eruption dry up promptly under its use. In the few cases that have come to my notice since, the same good result has been obtained invariably; and I feel quite safe in recommending this salt as practically a specific for this affection.

But how do we explain this? Herpes zoster is looked upon as a trophoneurosis; the eruption is simply the cutaneous manifestation of an affection of the centers of the nerves affected. Hence we find the eruption limited strictly to the distribution of a single nerve or group. Should we say therefore, that zoster is not a skin disease at all, but should be grouped under the neuroses rather than the dermatoses? But it is not altogether certain that we could stop with zoster, were we to admit this line of reasoning. Many other cutaneous affections may be, and some almost certainly are, quite as clearly neuroses as shingles. Eczema and especially pemphigus are apt to follow the nervous system in their appearance and distribution, while urticaria, angio-neurotic oedema, and many others strengthen the idea of the dependence of the skin upon the central nervous ganglia.

Indeed, the theory that refers many apparently local affections to the nervous system gains plausibility with deeper insight. When an irregular practitioner recently credited pneumonia to a lesion of the cervical vertebræ and consequent derangement of the nervous system, the idea was dismissed with contempt. But I am not nearly so sure of the absurdity of this doctrine as I was ten years ago. I have since learned a bit of the powers of strychnine and aconitine in jugulating acute inflam-

mations, of hyoscyamine in relieving spasm, and a good deal as to the effects of auto-toxemia and of the intestinal antiseptics; and I grow less disposed to minimize the influence of the nervous system in disease.

Consequently the importance of any remedy that has a distinct influence upon any part of the nervous system, or over any abnormal nervous manifestation, is so great that, when the primary fact is proved, it is our duty to ascertain by wide experimentation in neighboring fields the limitations of this power. If zinc phosphide influences favorably the neurosis manifested by trophic phenomena in the nerve-ends, known as zoster, it is well to test this drug in other affections characterized by trophic changes in the termini of other nerves. Here is the result of one such experiment, made by a prominent physician of Columbus, Ohio:

"I wish to thank you for advising me to give phosphide of zinc, 1-10 of a grain doses, to my patient who had the extreme burning in his tongue, lips and mouth.

"I thought you might be interested to know that the granules promptly relieved the trouble, and I guess they are going to cure him.

"He had tried hundreds of different remedies, and had been treated by a score or more of physicians."

DR. JOHN SEAY.

CLINIC readers will regret with us the death of Dr. Seay, whose interesting letters have frequently appeared in the CLINIC. Dr. Seay graduated in 1846, at the University of Pennsylvania. In spite of his more than seventy years he ventured to practise his beloved profession in the malarious regions of Central America, his letters detailing experiences in Ceiba, Honduras. From there he returned to Nashville, Tenn., where he died the peaceful death of a Christian. May his faith be richly rewarded, his arduous labors meet with a fitting recompense.

THE CLINIC'S SCIENTIFIC LABORATORY.

The announcement of this department was first made last month; and we are pleased to note that many of our friends are already availing themselves of this essential aid to correct diagnosis. We trust that as the years go by it will prove to be a great source of help to our readers and that through them humanity may be materially benefited thereby. Competent chemical and bacteriological ability is in charge and more will be added as occasion requires. Be assured that we shall supply all demand, and let us have your co-operation to make this department of the work of the CLINIC a success.

HUGH WYNNE, FREE QUAKER.

Dr. Mitchell has given us a strong and pleasing picture of Revolutionary times in and about Philadelphia. The work is written from the point of view of "Hugh Wynne," a young "Free Quaker," in whom the French blood, of his mother triumphs over Quaker principles, so that he joins Washington. With Hugh Wynne we feel the excitement diffused into those comfortable Quaker homes by the British occupation; we get an insight into camp intrigue and the terrible sufferings of prison life. The Quaker home, which at first seems merely a setting for the boy's adventures, grows in importance as the circumstances characterizing it unfold.

John Wynne, the father, is a type rarely found in Quaker centers today; he is silent and stern, "entirely serious," just to severity. Though fond of his wife and son he never hesitates between them and his creed and conscience; a gloomy man, who grows still more so when the blue-eyed wife, whose curly locks and red cheeks never would conform to the Quaker primness he desired, suddenly died. Beside this strong-willed, despotic Quaker, Marie Wynne stands out as a tender, loving mother, making this one of the few modern

novels which exalts the mother. "She never failed to understand me, which my father seemed rarely able to do," writes Hugh; though later he acknowledges his indebtedness to the strength inherited from his father. Marie is only half Quaker, as she herself realizes, and with Hugh she flees from the austere side of her life to become the natural child she is. "*Eh! mon fils,*" she says, referring to some French phase unwelcome to John Wynne, "sometimes I say naughty words. Give me a sweet little pat on the cheek for my badness and always come to me with all thy troubles." "Then I kissed her and we went to play hide and find in the orchard," says Hugh. But when John Wynne plans to go abroad, leaving her behind, the wife speaks: "No; I will not have it. My boy is my boy; God knows I love him; but my husband comes first, now and always." As usual she had her way. Very interesting is Aunt Gainor Wynne, a masterful lady, with the strength of a man. Her house is a center in society, where British officers and gay ladies dance and gamble and circulate the news of the day. As to Jack Warder, Darthea Peniston and Arthur Wynne, the friend, the love, the enemy of Hugh, the reader must enjoy them from the book. There is a freshness and delicacy in the author's treatment that charms at every step. Perhaps this is more noteworthy, being from the pen of a physician; though there is not a line in the book that might not have been written by a non-medical author. In fact, in Hugh Wynne Dr. Mitchell has completely "sunk the shop." We have none of those harrowing vivisections, those masterly delineations of the young doctor who is tempted and yields, no pushing forward of the author's professional card; for all which we, as readers, are most grateful, as the literary excellence of the work is thereby enhanced.

Let us hope that the author may take time from his professional duties to give us more charming books.—K. A. W.

PHYSICIANS' ACCOUNTS AND COLLECTIONS.

"Debt, dirt and the devil are three bad things; and while the latter, serpent-like, may wriggle in, the two former may be kept out by hard work, honesty and scrubbing brushes."—*Spurgeon*.

To do work is one thing, to collect for it is another, and upon the proper accomplishment of both depends the physician's professional and financial success. The purpose of this brief editorial is to inaugurate a free discussion of the questions involved, for the material benefit of all concerned.

Assuming that you have the work to do, I will set you to thinking by the assertion that it is probable that nine out of ten who read these lines are not keeping their accounts in such shape that they can tell in two minutes at any time how much any party owes; and, what is worse, that a still larger proportion are keeping them in such shape that they are not legally collectable on the death of either party thereto.

Of the great number of pocket account-books on the market only one, so far as we know, meets the requirements of the law. Those to be kept by "signs and symbols" (and most are of this sort) are a delusion and a snare; for in the case of a questioned account, either party to which is dead or mentally incapacitated, the courts rule that the collection cannot legally be made. Therefore it is dangerous, and decidedly poor business policy, to keep accounts in such shape that they require explanation to be intelligible to a third party.

To Doctors J. J. and C. H. Taylor is due the credit of first devising a method of accounting to overcome these objections. As "The Medical World Visiting List and Ledger of Monthly Balances" this method has found many friends among the readers of this most estimable journal. All rights to this method of accounting have recently been purchased by the CLINIC, some im-

portant changes and additions have been made by Dr. Abbott, and it will be found mentioned in our advertising pages as "The Physician's Protective Accountant," and as such we believe it stands today as the most desirable representative of its class.

FLIES.

Sternberg blames the mosquito for the transference of the *plasmodium malariae* from swamp-vegetation to man, and now a commission announces that the housefly is responsible for the spread of typhoid fever in the camps at Chickamauga. And on this commission appears the name of Victor C. Vaughan.

The soil at the camp is firm, the drainage good, the water supply abundant and uncontaminated. Millions of flies swarm about the camps feeding upon fecal matter, their feet pick up the typhoid bacilli and deposit them upon the soldiers' hard-tack and bacon. One outbreak in a previously healthy camp followed a heavy rain which drove the flies to seek shelter in the tents.

The idea is plausible, and an examination of the flies might prove its truth. But this simply emphasizes the remarks made in another column as to the necessity of destroying the stools. Had pits with quicklime been prepared before the first regiments arrived in the camp, as they could and should have been, there need not have been a solitary case of typhoid fever developed *de novo* in the camp. And typhoid fever should have been expected. The history of camps has shown this to be one of the most dangerous foes the soldier has to meet. No part of this country is free from it; and it was a certainty that among fifty thousand soldiers some would carry the bacilli to camp.

What a glorious opportunity was here presented to demonstrate the practical utility of modern sanitary science!

What a chance was lost!

LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on topics kindred to the scope of THE CLINIC, and not too long. Reprints in pamphlet form will be made at a very low price, and in any quantity from five hundred up. If you wish to send sample copies to your friends, see provision under "Articles" in general statement, first page of Editorial Department.

Contributors are earnestly requested to furnish us with a recent photograph, to be used in illustration of their articles.

AUTO-INTOXICATION.*

By O. J. Gronendyke, M. D.

MR. PRESIDENT and Members of the Society: It is not my purpose, in

presenting a paper on the subject of auto-intoxication, to enter upon a discussion of leucomaines, their groups, etc., but to direct your attention to a number of disordered states of digestion and nutrition which, though tolerable for long periods, are the source of great bodily discomfort and not infrequently cut the thread of life many years short.

With the theory of Lister and others and its

demonstrations later by Koch, the microscope has had possession of the stage, and but short periods intervene between

announcements of the discovery of some pathogenic organism or a new antitoxin. I

would not have the members of this society think that I do not appreciate the vast amount of good which has come from the efforts of the tireless workers along the line of bacteriology; but we must not lose sight of the fact that the large majority of our patients call upon us for relief from disorders not due to pathogenic germs. And while it is actually uncertain how much we accomplish in the attempt to cure acute infec-



O. J. GRONENDYKE.

tious diseases, we are in fact unable to prevent most of them from running their own typical courses, in the class of cases which I propose to present to you to-day

*Read before the Henry County Ind. Medical Society, 1898.

we may, with the co-operation of the patient, do a great amount of good, whereas if left to themselves, as we may safely do with many infectious diseases, disaster will surely follow.

While we acknowledge our indebtedness to the patient toilers in the bacteriological laboratories, we must not forget the patient laborers of the chemical and physiological laboratory, who have been temporarily pushed into the background, by the profession as well as the laity, by the newness and novelty of bacteriology. Although obliged to work without applause, the chemists have patiently plodded on, and when the bacteriological brethren discovered that the human body is continually exposed to disease germs and yet only comparatively few signs of infection occur, they were wholly at a loss to understand why, and have finally been obliged to turn to the physiologists and chemists for the reason.

Acknowledging the equally important element of intoxication by by-products of digestion and nutrition, the latest American work on surgery, while treating fully the subjects of pathogenic germs, aseptic and antiseptic surgery, devotes several pages to the important subject of auto-intoxication and dwells at length upon the necessity of having the body in its natural state of resistance to pathogenic germs before operations. We, who are not surgeons specially, appreciate the value of having the digestive tract in good condition in obstetrical cases, and many a fright may be saved by having the intestinal tract thoroughly cleared before and after labor, as many of the signs of auto-intoxication, particularly at this time, are much like those of the dreaded puerperal fever, and upon a field of auto-intoxication septicemia is easily engrafted.

It has been said that man is continually on the threshold of disease, that every moment of his life he runs the risk of being overcome by poisons generated in

his own system, self-poisoning only prevented by the activity of his secretory organs, chiefly the kidneys, and by the watchfulness of the liver, which acts the part of a sentinel to the materials brought to it by the portal vein from the alimentary canal. This condition, truly alarming, is easy to understand when we know that every secretion of the body is actually toxic, varying only in degree. If, then, the secretions of the body are continually toxic, it is easy to understand that derangement of the functions of the intricate mechanism of the secretory organs means the retention of the toxic material in the body. A man's liver forms enough bile in eight hours to destroy him; his kidneys, urine enough in two days to cause his death; it has been demonstrated that extracts of fecal matter are highly toxic and, whether entirely natural or not, man is inhabited along the entire extent of his alimentary tract from a few minutes after his birth until his death, by micro-organisms, which, though innocent enough under ordinary circumstances, at times becomes very virulent. But the admirable contrivance of nature for the performance of her various functions secures him from destruction so long as the organs of elimination are not overworked or diseased.

Happily, if it were generally known, the state of the emunctories is within control. Their diseases are rarely acute inflammations but degenerations, and extend usually over long periods. While the gross signs may not be manifest until shortly before death, there are always marked premonitory symptoms.

For example, when an individual presents himself complaining of feeling tired, easily exhausted, is unrefreshed by sleep, feet feel swollen, though actually little if any so, you may temporarily relieve him by flushing the colon thoroughly before retiring each night. But if he does not change his manner of living he is in danger of Bright's disease; it may be long

deferred, but there is surely danger none the less. I know of an instance, outside of my own practice, of a young man who went through just such a course, consulting a physician only a few weeks previous to his death. Another in my own practice, who, though feeling bad, occasionally calling upon a physician for medicine, did not suspect that he had serious trouble till retinitis and blurred vision led him to seek relief again, when he called upon me his urine depositing on boiling one-fourth of its bulk of albumen. He lived about six weeks. Both of these cases lived sedentary lives and were high livers. I heard it said of one that he was always hungry and thirsty; that is, for lunch and beer or wine. Of the high living and sedentary habits I shall speak again, as well as of the flushing of the colon.

Since I have related the history of these two cases I shall add that of another whom I have known well and attended two weeks preceding death. For twenty-five years she had albumen and sugar in the urine, and dyspnea; in fact all of the classical symptoms of auto-intoxication, but the disease was held in abeyance for longer or shorter periods by a discreet diet, only to return with relapsing into old habits, she being a hearty eater. She finally died at the age of sixty-four, in uremic convulsions. I believe she might have lived five or ten years longer. Her daughter incidentally complained to me later of fullness of stomach and bowels, constipation and many of the symptoms of toxemia. I have not examined her urine, which may already show signs of disease, but warned her about her diet, she also being a hearty eater, lest she follow in the steps of her mother, which I have grave fears she will. She says that she has curtailed her eating at times with the result of having all the disagreeable symptoms disappear, together with the loss of several pounds of fat, but growing tired of frugality in eating, the old troubles return.

I will relate the history of yet one more case, which I saw with my father about ten years ago, a man whose gluttony clearly destroyed him. He had been treated by my father and other physicians for years for indigestion, when at one time we were called to see him, and such a sight I had never beheld. He was literally drowning in his own fluids. A brisk calomel purge relieved him and in two or three weeks he was at our office, but a return to the old manner of living ended his career in a few months. I believe his life might have been prolonged for a few years.

In none of these cases did I have the opportunity of examining the urine in the pre-albumenuric stage, but I have no doubt that months, or possibly years before, a deficient quantity of urea, uric acid in excess, evidences of proteids not fully oxidized and of intestinal putrefactions were present. None of us but have seen many such cases, but when they come to us at the later stages of the disease, when the structure of the kidneys has become extensively degenerated, we can do little else than prolong life for a little time. It is in the pre-albumenuric stage that we may do lasting service, when the urine shows signs of deficient oxidation of proteids and intestinal putrefaction.

Urea, which was formerly so much dreaded and the accumulation of which in the blood was thought to be so dangerous, but now known, thanks to the physiologist, to be not only non-toxic but a good diuretic and absolutely essential as the natural excitant of the kidneys, without which they at last cease to perform their functions, is the product of complete oxidation of proteids, their incomplete oxidation resulting in uric acid, creatin, creatinin, toxic material which has not yet been isolated, and according to so eminent authority as Prof. Wm. H. Porter, of New York, grape sugar. The symptoms attributed to its presence in the blood are

caused by its absence and the presence of incompletely oxidized proteids. With deficient oxidation of proteids, consequent deficient quantity of urea, the kidneys, deprived of their natural stimulant, cease to act properly and leave behind the excrementitious products of the body, which have been demonstrated to be toxic and which give rise to the complex group of symptoms which we for years have called uremia.

Again I say, when a patient complains of constant fatigue, shortness of breath on exercise, unrefreshing sleep, headache and pains that cannot be otherwise accounted for, uncomfortable digestion—they may be either slender or corpulent—examine the urine, not for albumen, sugar or casts, upon the discovery of which we too often find ourselves too late, but for a diminished quantity of urea, or for indican; all which is very simple, and it will very often be found that your patient eats too much, does not select his food properly or takes entirely too little exercise. It takes exercise and vigorous breathing to get oxygen enough to consume food in large quantities, a splendid example of which we find in the boa and tiger; the former taking large quantities of nitrogenous food and lying quite still, shows only a change of proteids to uric acid, while the tiger, altogether carnivorous as well, in its great activity changes all to urea, with scarcely a trace of uric acid.

Carbo-hydrates are rapidly oxidized, giving heat and energy, and are eliminated as carbonic acid and water, contributing nothing to the structure of the body but fat, which when in moderate quantities gives rotundity and symmetry to the form, but when in excess leads to obesity with its various discomforts, if not to fatty degeneration. If an individual persists in their use to excess he is in danger of apoplexy, angina pectoris, fatty heart and some of the kidney degenerations in his later years; according to some authorities

the pathological changes being due to products of the carbo-hydrates; to others, the body being deprived of the products of thorough oxidation of the proteids, the oxygen being consumed in the conversion of the carbo-hydrates which take up the oxygen very rapidly; and still others, particularly Bouchard, to toxic material, the product of the incomplete oxidation of proteids. Prof. Porter publishes tables showing the products of the complete and incomplete oxidation of the proteids, and holds that practically all kidney diseases known as Bright's are the results of the products of vicious proteid changes.

Ephraim Cutter contributed a series of articles to the *Medical Age*, in 1897, in which he presents the same views, giving a number of cases in illustration. He holds that all the degenerations of the arteries and kidneys may be prevented or cured by restricting the diet to two parts of animal and one part of vegetable in bulk. That animal proteids are much easier digested than vegetable is true. Where the digestion of animal proteids is 100, that of vegetable proteids is 70 to 90. Herbivorous animals are supplied with much stronger digestive organs than the carnivorous, so that it is doubtless true that if man consumes too much vegetable food he will fail to convert the proteids, resulting in unnatural products which are toxic, giving rise, as Dr. Cutter declares, to fatty degenerations, with angina pectoris, apoplexy, etc., following.

There remains toxicity of the contents of the intestinal canal from other sources. An enormous quantity of toxic material is thrown into the intestinal canal with the bile, which is now known to exert no chemical change in digestion but is largely a carrier of metabolic products which cannot longer be utilized in the body, some of which are very toxic, as we know already that the bile itself is highly toxic. As in the urine the toxic material is apparently in the coloring matter chiefly, and, as in

the urine, can be fixed by charcoal. Still further it has been demonstrated by Bouchard that the toxicity of the urine may be notably diminished by fixing the toxic material of the bile by charcoal while yet in the intestine. Strange as it may seem, then, it appears that a part of the bile is again taken up to be eliminated by the kidneys; but only a part is thus disposed of, part of it being precipitated with the biliary salts and passed out with the feces; part is apparently reabsorbed to be thrown out again by the liver into the intestinal canal. So long as the liver and kidneys have to eliminate only the products of metabolic changes in the tissues and the products of deficient digestion only occasionally, all is well; but when they are constantly called upon to do more than their capacity to perform, trouble begins and the body suffers the effect of retained toxins. The liver, kidneys and blood-vessels receiving the toxic material in more concentrated form and subject to longer contact with it, are the first to succumb to the poison and undergo fatty or other degenerations, and the body is overwhelmed with toxic material. Then only too frequently comes the awful moment when immortality is apparently swallowed up in mortality; the intoxicated brain is in frenzied delirium, the whole body convulsed, coma as deep as if the man were stricken dead intervenes, and finally death mercifully ends the scene.

(To be continued.)

—O:—

I regret the necessity of dividing Dr. Gronendyke's fine paper, but our readers will be well repaid for carefully reading and pondering over this part while waiting for the remainder. The subject of auto-intoxication is one of the most profoundly important ever brought before the medical profession, and Dr. Gronendyke strikes the key-note by adverting to the true causes of the toxin production. Again the study of disease leads us to hygiene.—ED.

DOES PROTECTION PROTECT?

By "Frau Doktorin."

IN these days of making many doctors, the old sweet relationship between the family doctor and his patients is far rarer than in the old days, when the same strong hand ushered the trembling infant into this world of woe; assisted it through the measles, the chicken pox and the whooping cough; and finally, when the Arch Enemy, Death, claimed his own, softened by his gentle touch the cheerless couch of the dying.

In these days when the manufactured doctor and the specialist in all of his stages grow as thick as the very leaves in Vallombrosa; when it is quite the fashion to change doctors every time the doctor's bill accumulates, and to retain a different tinker for each member of our anatomical economy, one must needs have an adjustable affection to love them all. The progress made in the science and practice of medicine accrues vastly to the benefit of the human race; and we are grateful for it. And if the genus homo who applies its principles will see that he is improving at the same rate we will never have to close our eyes and sigh for the strong outlines and deep colors of the dear old-fashioned picture. A strong man first our old-fashioned doctor had to be, for he did the work of two men; and in weakness and disease how we loved to lean upon his strength. Gentle of heart and tender of hand he was too, for they did not have a separate doctor for the women and children in those days. He was a tower of strength, a marvel of loving human nature. And how he was leaned upon, loved and abused!

We had such a doctor in our family when I was a little child, in the village of X—in Central Kentucky. And so deeply did I love and trust him that I have been told that I once boasted to my Sunday school

teacher that when I said my prayers to Doctor G— they were much more quickly answered than when I sent them on the usual route to heaven, starting from the closet of secret prayer; which proves that my desires, as expressed in prayer, must have been of a grossly material nature.

My siege of the measles left me a long time a prisoner indoors and that dear busy man found time to see me at least once every day, just to make me happy. I was only a tiny little girl of six years, but his face, his white hair and kind eyes, his fine black horse and his blue greatcoat, are forever printed on my memory and framed in my heart, a benediction to me all these years. I knitted him a pair of riding gloves that winter with my own thin little fingers, and my heart used to swell with pleasure as I felt my secret securely tucked away from him under the pillow waiting for his birthday. I was allowed to go out and play on that day, and when I saw him riding down the street I could not wait, but ran away down the street to meet him, waving my present as I ran. It was a happy time when I saw his smile of pleasure; he took me up on his horse and we had a triumphal procession all over town.

Ah! I loved him dearly, dearly! And I have told of our little friendship that you might not judge my Doctor harshly. He had married late in life and his beautiful young wife had died soon after the birth of their only child, a little girl. Eunice was three years my senior, but we stood in the same classes at school; and their home, dear happy place, was only three doors from ours. We had never known any relationship but the fondest sisterly devotion. Our friendship was an ideal one. We admired each other. We knew nothing of jealous rivalry and not a great deal of similarity of taste. We frankly admired each other's differences. Eunice was my ideal of beauty and I felt a fond sense of proprietorship in the gift I could never hope to claim for myself.

When Eunice was fifteen and I was twelve we went away to boarding school together and roomed together—Eunice in search of better school advantages and I because my parents hoped a change of climate would help me to grow stronger.

I should be false to myself if I did not stop here long enough to register myself as forever and heartily against that relic of heathenism the female boarding school. In its highest stage of perfection it lacks the smile of nature's approval. I can but think that if young girls met their friends and formed their friendships under the loving eyes of parents there would be less of unfortunate sequelæ of foolish friendships. The tender outreachings of sex attraction need a wise and kind control. That Eunice G— had a pure heart I am sure, for to her kind watchfulness I lay the fact that my boarding school life was so tenderly sheltered in those early days when I might have been so easily spoiled. The family is nature's school and she does not isolate the sexes into male and female families.

Poor Eunice came to grief through our music master, who had ample opportunity to win her love and trust there; while at home her father would not have countenanced him socially and his child would have been saved from a very unfortunate step in life. I record it to Eunice's credit that she never disturbed my innocence with the story of her trouble all through her long summer of waiting and suffering.

She was eighteen then and I fifteen. I had noticed with passing sadness the paling of her cheeks all summer; but she had bravely hid it all from me until one evening late in August when circumstances forced the girl to speak. It was our last night at home. Our trunks were packed, our good-byes to village friends were over, and we were enjoying a quiet evening hour out on the little vine-covered back porch of my own dear home. Dear mother and kind father! How wisely they entered in to my young life and made the way easy

for me. A feeling of gratitude for myself and sympathy for the motherless loneliness of my friend made me take the dear bright head tenderly between my hands and kiss her as we sat together. It was an unusual demonstration on my part and the trembling seals that hid her grief broke away, and hiding her head on my shoulder she told me all.

I will not go into the harrowing details of the young heart's sorrow. Gethsemane is a sacred place. If you have knelt there with a fellow human to detail what you saw were sacrilege. I agreed with her that our going back to school was out of the question. My ideas of society were decidedly primitive and it seemed to me quite in keeping with nature that her dear father and all of us who loved her so fondly should help her bear her sorrow and lighten her burden for her.

She would not agree to tell her father, and I, in foolish generosity, agreed to do it for her. I should have gone to my mother, but I did not; it would have saved me trouble. Every detail of that unfortunate mission is indelibly impressed on my mind. It was by that time eleven o'clock at night, and arm in arm, in the old sweet way, we walked to her home, too sad for words. Eunice left me in the hall and slipped upstairs to her room. I knocked softly at the study door although it stood wide open to catch the cool air. The old man raised his head and gave me the smile of welcome I always got. I remember it all so well. He stretched out his hand to me and said with unusual tenderness, "What now, little girl?" I had on a little simple white dress too light and thin for the cool night air and I remember I shivered with cold as I stood before him; but I am quite positive I felt no fear, for if I had I could not have tried to tell what I knew so poorly how to say. I do not remember the words I said. I know they were punctuated with sobs; but what followed I cannot forget.

I did not know then what savages anger and passion can make of God's gentlest creatures. His face seemed to petrify into an expression of horror and then flame up with rage, and in an instant he had seized me by the arms, shaken me violently, pushed me out at the door and locked it. I ran crying home to my mother and father and between them they got me to sleep.

I went away to Louisville that week, not to boarding school, but to a dear uncle and aunt who made the rest of my going-away school days as near as possible like home. I did not see Eunice often after we parted that time, and nothing would induce me to see her father again till long afterward. His cruelty to Eunice and her little baby girl were on every-body's tongue long after every one else had quite forgiven her. I am positive that Dr. G— suffered ten-fold more than dear brave Eunice did; for, having made a fatal step for her own social career, she defied an unjust world and an unkind father and, true to herself, kept and loved her little girl, while her father crowded his child out of his stubborn heart. He is not to be unjustly blamed. No one can single-handed defy the customs of his countrymen and be contented. He would, however, have been far happier to have done as his brave little daughter did and taken nature's way and the right way out of his trouble. The summer that Eunice's little girl was six years old I came home for the summer to find a change in the doctor's dear home. A good brave man who had loved Eunice in the village school days first, had at last gained the right to share her burden by making her his wife. They told me that her father had been sternly unreconciled to her until now. The baby girl was lying at death's door and grief and love had brought them all together around her little bed. I went straight up to his house to see the baby, for every body loved the little one. As I passed the study door some one called my name. I turned and went into the room.

It was the first time I had been in that room since that awful night; and too, the first time since then that I had looked into the face of my dear old friend. He opened his mouth to speak to me, but the words would not come. His face was enough. The past was forgotten in the face of the heart-break written there. They came to tell us that the little girl was going to get well, and we wept together and were happy. I think I loved him all the more tenderly for the something to pity and forgive.

This little story of life in one of its unfortunate phases does not differ from others one meets all along the pathway only in that it came into the circle of my friends and became real to me.

When this state of things is possible; when we, sinful as we are at best, can say there is no forgiveness for a young girl traduced through the tenderest instinct of her woman's heart, none but the spiritually blind will say there is no need for a reform in society and its laws. We are all agreed that drunkenness, prostitution and gluttony are each a vile and sinful abuse of the bodily temple. Does our civilization take the right means of minimizing these evils? If every home were the shelter of its own sin and sorrow, and it should be, would not many girls who are now turned from home and driven to the life be saved from it? Is it not possible by wise training in self-knowledge and self-mastery to teach boy and girl alike to regard parentage as a holy and desirable responsibility? If we are not strong enough to train and love and forgive our children, have we the right to bring them here to inherit our weakness and suffer for our ignorance and bigotry? Is the suppression of the parental instinct a desirable end? Assuredly it is neither desirable nor possible; but are we not dwarfing and coarsening our race by so doing? A tree without fruit is worthless; but a childless man or woman is an individual

tragedy. The propagation of the race through the side door of foundling homes is barbarous! A blot on our age! And a wrong we must right if we would save much individual heartache and sure degeneration as a race. The gentle Nazarene said years ago to his bewildered disciples: "Ye shall know the truth and the truth shall make you free." But our dear dull humanity reaches the liberty (not license) of truth through long stages of wrong living.

ALKALOIDAL THERAPEUTICS.

By W. T. Thackeray, M. D.

(Continued from September CLINIC.)

TO premise, about ten years ago Prof. Ad. Burggræve, of Ghent, Belgium, who had for some time prior to that made



W. T. THACKERAY.

a careful study of the therapeutic effects of the alkaloids, published a work on what he called *Dosimetry or Alkaloidal Medication*. This work was quickly taken up by European physicians, especially the French, and a large number—one-fifth of the whole in France—have adopted this mode of practice. The system did not find a place in the United States until about two years ago, when your lecturer became acquainted with it and was at once impressed with its value, and to such an extent that he at once determined to give both time and money to its dissemination.

Since that time the system has created some noise among American physicians, and at the meeting of the American Medical Association at Cincinnati, Prof. Roberts Bartholow, in referring to alkaloidal therapeutics and the use of alkaloids in medicine, said that the alkaloids offered a more certain means of medication than any other yet presented; and that the minute doses and the possi-

bility of frequent repetition gave to therapeutics a power over disease which it has not before had. He epitomized his remarks as follows: "Certainty of physiological action, smallness of dose and frequency of repetition until the therapeutic or physiological results are obtained."

In referring to Dr. Burggræve, he said that his observations were superficial, his methods crude and his deductions erroneous. This may be so, but just the same all of the arguments which Bartholow used in defense of his paper are those which were used by Burggræve years ago. You must not take it for granted that I favor the formation of a new school, nor in any manner endorse such an attempt, but I do heartily recommend the principles laid down by Burggræve and desire to see them adopted by all true physicians.

I quote a few of his leading axioms: First, "the jugulation or aborting of acute diseases." Second, "the cure of symptoms is not always made by the use of similars or by contraries." Third, "a symptom is always a disordered condition; it is anti-physiological and it demands immediate cessation so as to re-establish the normal state." This idea is emphasized by Prof. De Castro, an eminent European physician and writer upon this subject, who says: "Any perturbation in the vibratory movement which animates organized matter gives rise to alteration in the organic and dynamic expression of the subject. If these alterations are compensated, the disequilibrium is not perceived; if not, they originate new perturbations, which are the secondary effect of the primary cause, and the primary of the initial perturbation manifested in the vital dynamism. All these effects, as well as those which follow them, are morbid effects but not symptoms. The morbid symptoms are those which are perceptible to the patient or to the physician by exploration. A symptom is consequently always affiliated to a perturbation of

dynamism, and as the effect of movement is to produce movement, so symptoms give rise to new symptoms, and these to others; consequently, symptoms should be considered not only in themselves but in their material or natural results. The first symptom of a morbid cause is a progenitor of many others, and as the first is the expression of a lesion more dynamic than material, it is evident that it is principally in the initial stage of morbid states that therapeutics has more probabilities of success, for then it not only cures but prevents."

We return to Burggræve: "It is clinical experience which enables us to recognize *sthenia* and *asthenia*; instead of abandoning the vital forces to exhaustion by a medication either inactive or debilitating, it teaches the necessity of fortifying the system by the *excito-motors*. One of the most potent acts for good of the alkaloidal method consists in the use of *strychnine* (*arseniate* and *sulphate*) at the head of the *antiphlogistics*; and also in the use of the *defervescent*s (*aconitine*, *veratrine*, etc.) in small doses, repeated frequently until the therapeutic or curative effect is obtained."

"Measure the vital forces, manage them as a prudent general manages his troops in a hostile country. This should evidently be the tactics of the physician."

The whole of therapeutics can contain itself in these three indications: Sustain the forces, combat the fever, modify the nutrition; and in the three agents which correspond to them: the alkaloids, the metals and the metalloids."

"In medicine there are no specifics, but only vital modifiers." It will be observed from the extracts quoted that the first aim in alkaloidal medication is to support the vital forces. This idea is not new, as it commenced to be taught when we commenced to feed fevers, but as our feeding was done unscientifically, without regard to either the condition of the patient or the disease, or the quantity or quality of "the

fuel used" (as Carpenter aptly expressed it) it was not infrequent that the vital spark was smothered by the injudicious interference upon the part of the well-meaning practitioner, and by reason of these oft-recurring accidents many physicians resumed the old practice of commencing the treatment of fevers with nauseous purgatives, with the idea in view of building them up again when nature was exhausted and the fire put out from lack of fuel to feed upon.

The system which I am advocating never debilitates, but it aims in every disease, whether acute or chronic, to sustain the vital powers. If in any special case debilitants are required it must always be borne in mind that these latter are only "necessities of the moment, consequently the exception, not the rule," and that every lowering measure must always be preceded and followed by the vital incitants, strychnine, etc.

Alkaloidal medication has appropriated to itself a peculiar form, the granular, in which to administer its remedial agents, and it has appropriated this form for the reason that experimentation has demonstrated that this is the only form in which absolute mathematical dosage can be obtained and at the same time preserve the medicinal power of the drug. It would seem that a solution would offer the best guarantee of ready absorption, but alkaloids in solution are decomposed by light; and this, as well as their bitter taste and the powerful action of drugs like aconitine and veratrine upon the fauces, render the use of the liquid form objectionable, if not impossible. Again, but one medicinal agent is incorporated in these granules, and no coating is permitted, as this would simply increase the bulk and delay solution. These granules are administered as required by the urgency of the case. For example, in an acute disease it may be necessary to give either one or more kinds of granules (together or separately) ac-

cording to the symptoms, every fifteen or twenty minutes, which must be persisted in until the disease succumbs.

Thus most fevers and inflammations can be jugulated by administering every thirty minutes, day and night, one granule each of aconitine, arseniate of strychnine and digitalin. I have demonstrated this fact repeatedly in many acute inflammatory diseases, notably in stomatitis, nephritis, tonsillitis, typhlitis, otitis and pneumonia. In chronic cases fewer granules may be required and at longer intervals. Hence the rule: An acute disease requires an acute treatment, and a chronic disease a chronic treatment; or, in other words, the more rapid a disease is in running through its dynamic or functional stage, the more rapid must be the treatment, and *vice-versa*. Under this method the patient is no longer nauseated with bulky doses, nor, on the other hand, is he played with by Hahnemann's mythical decillionths; neither is he poisoned by nostrums, the composition and strength of which are unknown. He now takes powerful remedies in a pleasant form, accurate in composition, reliable in action and which are measured by the physician to the urgency of the case.

I should be pleased to take up the various alkaloids and show you their applications in disease, but the limits of this lecture are too circumscribed to admit of such action.

I have made and published a translation of Burggrave's Manual of Alkaloidal Therapeutics, which illustrates fully the system and its application.

I will add, however, that the prescription of these alkaloids in granular form is much more safe than the making of an ordinary prescription to the average druggist, and their compactness allows of a varied assortment which will meet almost every contingency.

In my own practice I have not found it necessary to make any prescriptions outside of my visiting case.

(To be continued.)

A CASE OF LEPROSY.*

By David Lieberthal, M. D.

Professor of Dermatology, Jenner Medical College;
Attending Dermatologist, Michael Reese
Hospital Dispensary.

AUGUST SIPHEROS, eighteen years old, fruit peddler, a native of Greece, came to this country about a year ago. He presented himself at my clinic, April 4, when I found he was suffering from leprosy. There is, however, no history of leprosy in his family. He has never had any serious illness and his bones and muscles are well developed.

About six years ago he was burned by the explosion of a gasoline stove and claims that only since that time has he noticed the changes on his skin.

He now presents the following appearance: The face, neck and forearms show flat nodules and infiltrations of variable size and color. On the supraorbital regions and upper eyelids are nodules of a

dirty yellowish-brown color, shiny and varying in size from that of a pin's head to that of a bean; and between these are flat infiltrations, the consistence of the whole being from soft to elastic. The largest and most prominent nodule is situated on the left upper eyelid. The supraorbital regions protrude and the left upper eyelid is somewhat ptotic. The eyebrows are absent in the outer two-thirds, and eyelashes present only on the inner third of the

upper lids. The cheeks are extensively infiltrated, while here and there small nodules are noticeable. The upper lip is prominent and covered with infiltrations and nodules, which are more or less coalescent, yellowish-pink and shiny. At the corners of the mouth, in the labio-mental furrow and on the chin, there are distinct and somewhat coalescing nodules, in size up to that of a large bean, and of the same color, appearance and consistence as those on the upper lip.



The submaxillary regions and upper part of the front of the neck are beset with nodules of all sizes up to that of a bean. The right submaxillary and retro-maxillary glands are enlarged. On the distal end of the extensor surface of the forearms there are flat nodules, in size from a pin's head to that of a pea, of violet-brown color, shiny and soft to elastic. No other areas of the skin are affected. The sensibility of the skin is nowhere altered.

On the hard palate there are three nodules, situated in the median line, one behind the other. They are of bean size, pinkish color, hard and somewhat eroded. Nodules of the same appearance, size and consistence are found on the anterior pillar, on the tonsils and uvula, which latter is broadened and elongated. The conditions are more noticeable on the right side. The larynx appears abnormal on the epiglottis only, which in the upper part of the left side is infiltrated and eroded.

The inspection of the nose is not possible

*Presented to the Chicago Medical Society, April 13, 1898.

beyond the lower turbinate on each side, which is greatly infiltrated and eroded and lies quite close to the thickened, infiltrated septum.

The clinical diagnosis of leprosy is confirmed by the microscopical demonstration of *lepra bacilli* in the nodules.

103 State St.

—:O:—

Leprosy is not infrequent in the Levant. Scandinavia and China send us a few cases, while centers exist in New Brunswick and among the Acadians in Louisiana. Let us hope that as Hawaii comes under the American flag the leprosy among the natives will be exterminated by our scientific authorities.—ED.

POISONING BY HYOSCYAMINE.

By Dr. Henry Lamb.

I WISH to report a case of hyoscyamine poisoning, with the 1-250 gr. granules, as illustrating individual susceptibility in certain cases and the necessity for a thorough understanding of the pathogenetic power of the remedies which we employ.

The case is that of a lady of about sixty years, who suffered an attack of cholera nostra with dysenteroid symptoms. I administered at intervals of two hours a few—perhaps half a dozen—sample tablets of the Zinc sulphocarbolate and Codeine compound, with marked benefit; but having no more of the tablets at hand, and the pain and dysenteric symptoms recurring with increased severity, I prepared a capsule containing 2 1-2 gr. zinc sulphocarbolate, two granules 1-6 gr. codeine and one granule 1-250 gr. hyoscyamine, which I ordered to be given, repeating the dose at intervals of one hour until symptoms abated. About a half-dozen such doses proved sufficient to control the pain and arrest the diarrhea; but this was followed by insomnia and many other of the peculiar mental manifestations characteristic of the henbane. There were the hallucina-

tions, the beatific visions on closing the eyes, the laughter and, last and most characteristic, the picking at the bed-clothes and grasping at imaginary objects.

The patient herself, as well as her attendant, were alarmed at such unusual manifestations, fearing that they must certainly betoken the near approach of dissolution; but, recognizing in the peculiar complex of symptoms a picture of the pathogenetic properties of hyoscyamus, I quieted their fears by the assurance that the nervous symptoms "would disappear as the patient regained strength." It is not always best to tell *all* that we think. Upon discontinuance of the hyoscyamine and the exhibition of *passiflora incarnata* tincture, in fifteen-drop doses, the insomnia and all the alarming symptoms disappeared.

Perhaps the most noteworthy feature of the case, aside from the smallness of the amount of hyoscyamine given, was the entire absence of dilation of the pupil. That particular symptom is usually earliest and most marked and is regarded as the indication that the drug is beginning to assert its pathogenetic powers; and accordingly I find written in the editor's Brief Therapeutics: "The adult dose is 1-250 gr. every fifteen to thirty minutes until dilatation of the pupil or relief occurs in acute spasmodic conditions, then every one or two hours, as needed. * * * There is no limit to the use of this drug until dilatation of the pupil is produced, provided conditions are favorable for its immediate absorption."

This case forcibly reminds me that not all of the symptoms capable of being produced by a given drug are found in any one case of poisoning by that drug, and illustrates the necessity for carefully studying the records of many provings in order to understand the properties of any drug.

Of course it would appear not improbable that, in the case just detailed, the effects of the hyoscyamine were modified by the codeine, especially when we recall to mind

the well-known myotic power of opium; but since it is impossible to determine *a priori* the combined effect of several drugs, do we not find here an argument in favor of the use of the "single remedy?"

Sandy Lake, Pa.

—:0:—

I am not quite sure that the symptoms were due to the hyoscyamine, though it is possible. This drug in toxic doses, like atropine, causes dilatation of the pupil, dryness of the mouth and redness of the skin. Neither of these is mentioned by Dr. Lamb, and the symptoms noted are rather in the secondary rank, less commonly seen. I have never witnessed them without either of the three cardinal symptoms noted. I would ask if the hallucinations and *euphoria* were not rather due to the codeine, of which two grains were given in six hours, instead of to the 6-250 of hyoscyamine. Any way it was an interesting case, and the editor must commend the beautifully-written and admirably-worded report by Dr. Lamb.—Ed.

SOME OF A DOCTOR'S DUTIES.

By J. D. Craig, B. S., M. D.

Professor of Physiological Chemistry, National Medical College.

SOME points in Dr. Allison's article in the CLINIC for June, with the editorial comments thereon, cannot be too strongly emphasized; because the temptation to quickly relieve pain is always a strong one to young physicians, and to some older ones who have been professionally blind since their graduation, particularly as there is usually in such cases pressure from both patient and friends for instant relief.

Considering the duties and responsibilities of a doctor's life, it is no doubt true that the majority of the profession are actuated mainly by pure love of mankind, and yet the opposite one of self-interest is scarcely ever absent and necessarily modifies the physician's acts to considerable of

an extent, and his judgment is often warped to a greater and less degree; and it often obscures his foresight so that he does not always know or take the trouble to think that the relief of pain without the removal of the cause is very likely to mean a whole life of invalidism and is certain at best to prolong the case at the expense of the patient in more senses than one.

It is only the dull, stupid or vicious that are indifferent to praise and blame, and the average doctor being none of these, he is peculiarly sensitive on these points; and this also is a cause of mental blindness, for the patient that recovers from severe and prolonged acute disease never fails to attribute his recovery to the skill of his medical attendant, although he may have got well in spite of the doctor, and the one who recovers in a few days thinks that he was not very sick after all and of course there was no exhibition of especial skill apparent on the part of the doctor.

This often answers for a considerable time, but in the end the public learn that the doctor who rarely has any severe cases of sickness is the one to depend upon, so that in the end it pays to think before acting, and where anything is done, the patient's and not the doctor's welfare is to be taken into consideration.

Another temptation to narcotize or anesthetize is in the fact that they relieve for the time being the anxieties of friends and appear to give the physician an opportunity to formulate in his own mind a plan of treatment, but unfortunately narcosis and anesthesia are not favorable conditions in which one can study, diagnose or form a proper prognosis, because the symptoms are covered up and the doctor as well as friends are likely to be lulled into a feeling of false security, whilst the lesion, of which the pain was the herald and monitor, progresses uninterruptedly and unchecked and the case which might have been saved "slips away."

In a practice of forty years the writer

has seen more than one case that under the effects of narcosis or anesthesia "Slade cannie to their beds, but ne'er spak mair," and although he by no means condemns these means of relief, they should be used only as a last resort and not as temporary expedients. For himself he can say that except in one case he never used the hypodermic syringe in his life; and the use of about one dram of morphine, except in the case referred to, has served during his whole professional life, and his patients were relieved of pain quite as quickly as they could have been with the aid of morphine.

The profession of medicine is full of fads, and doctors are about as gullible as the laity. The present fad is the coal-tar derivatives and even now it is receiving a check; but not until already thousands have been victims of it through heart-failure. Our offices are being deluged with new preparations of this character, or old ones under new names, and none of them depress the heart, if the manufacturers are to be believed; but as the face and hands of our patient at last become blue from the effects of one of these innocent preparations it is safe to take the statement of the manufacturers with a good many grains of salt.

The relief of pain and temporary sickness is only a very small part of a doctor's duty. To patch up tears and rents in human constitutions may be and for a time is more lucrative than permanent healing, but in the end it is a losing business.

The doctor's duty to his patrons is not only that of healer of diseases but a teacher of hygiene that disease may be prevented, and the study of drug action should be of secondary importance. It is contrary to the code of medical ethics for a doctor to accept stated yearly fees from his patrons, but it is a question whether this is not by all odds the proper course to pursue for the benefit of all concerned; for in that case it would be for the doctor's interest

to become well informed on all subjects relating to hygiene, not the least of which would be the proper food for himself and the families under his care.

When it is considered that errors in diet have more to do with the production of sickness than all other causes combined it is astonishing to find how little is known of the subject by the average physician. It is the boast of Americans that no people on earth are better fed than they; but when it is taken into account that the medical profession is greater in numbers and there are more proprietary medicines used in this country in proportion to the number of its inhabitants than in any other country in the world, it is a question whether there is not something radically wrong in our diet and yet the profession does not seem to have found it out.

It is a pretty well established fact that the use of an organ or faculty is necessary to its functional activity, and yet this seems to be also lost sight of when it comes to the matter of digestion, for the market is literally flooded with predigested foods, and, of course, the profession is prescribing them or they would not be manufactured; and there seems to be no end to diastases and other aids to digestion, so that one would think that Americans need neither salivary glands, gastric follicles or pancreas; and, in point of fact, they will not have any to speak of except there is a change in the direction of better food and more natural conditions.

There is no reason why any diastase should be used to aid in the digestion of starch when the salivary glands can be so easily employed for that purpose. In starch indigestion the proper indication is to excite these glands to perform their function, and this can be readily done by directing the patient to commence each meal by eating at least an ounce of dry bread without any liquid whatever. An experiment with a single shredded-wheat biscuit proved that if chewed without using

any liquid more than two ounces of saliva by weight must be mixed with it before it could be swallowed, and this, with whatever is secreted during the remainder of the meal, will do very much towards curing any case of starch indigestion, because under such treatment the saliva will in a short time be liberally supplied, and if acids are prohibited at the same time, the starch will be easily taken care of. The secretion of gastric juice is much influenced also by the presence in the stomach of a good supply of saliva, so that this simple procedure will in a short time almost revolutionize the process of digestion and give the patient a good start in the direction of health.

Rogers Park, Chicago.

LOBELINE.

By E. Cornet, M. D.

LOBELINE is the active principle of *lobelia inflata*, a plant indigenous to Canada and the state of Virginia. This plant on account of its strong aroma, resembling very much the odor of nicotine, has been called at times *Indian tobacco*.

Lobeline as an active principle is destined to a place of honor in the new medication.

Lobeline appears as an oil, light yellow in color, and having a strong alkaline reaction. It is soluble in water, but more readily so in alcohol or ether. Under the action of heat lobeline decomposes and becomes volatile. There has been a resinous substance placed in the market and extensively employed by the eclectic school, which has been called lobeline, but it must not be confounded with the alkaloid of the same name.

The alkaloid of *lobelia* acts especially upon the motor nerves, and in strong doses paralyzes the respiratory center, lowering the temperature, and, exciting the vaso-motor peripheral nerves causes an increase of the sanguinary pressure.

The best preparation of this alkaloid is Merck's sulphate of lobeline. It is a brownish powder of very acrid taste, leaving in the throat a pricking sensation which lasts several minutes. In view of the action this alkaloid exercises upon the peripheral respiratory nerves we were led to experiment with it in respiratory troubles and the results have been incontestable as to its therapeutic value.

Elliotson, Behrend, Andrew and Morelli demonstrated the efficiency of lobelia in asthma, spasmodic cough of phthisis and angina pectoris. We find the results are attained more rapidly and more effectually by the administration of lobeline sulphate. Our most satisfactory success has, however, been attained in various forms of croup, where we have witnessed almost magical results in the relief of the little sufferers. Many are the mothers who have invoked blessings upon us as they beheld the little darling fall into an easy sleep after the administration of a few doses of lobeline, satisfied that the life which was almost despaired of was now saved.

In the treatment of chronic bronchial catarrh this alkaloid has not disappointed us. Cures perhaps cannot be recorded; but what of it if one can keep in check the nuisance and render the patient happy?

We have found lobeline with sulphide of calcium of great help in the convulsive cough of pertussis when the mucous sputum becomes glue-like and cannot be expectorated without the greatest effort.

In the treatment of asthma we believe that lobeline will supplant hyoscyamine, atropine and strychnine, which though they are very excellent anti-asthmatics, are not without their dangers. Lobeline has never produced any dangerous effects.

The best form of administration of lobeline is the alkalometric granule, gr. 1-12, given at intervals of from fifteen to sixty minutes and in quantities of from one to five granules according to the indications

of the case, the age and strength of the patient. Thus, as we record another of those alkaloids on which medical literature has not wasted much time or space, we hope that the members of the profession who may read this will not hesitate in giving the active principle of lobelia a prominent place in their medicine case.

Norwich, Conn.

MACROTIN.

By W. C. Buckley, M. D.

MACROTIN is derived from *Macrotys racemosa*, *cimicifuga*, *ranunculacea*.

Pharmacology: Macroton, the concentrated equivalent of the root of this plant, has alterative, diaphoretic, stimulant, diuretic, astringent, nervine, sedative, expectorant, emmenagogue, parturient, tonic, soporific and probably narcotic properties.



W. C. BUCKLEY.

Under the names black snake-root, squaw-root, black cohosh, rattle-root, etc., this root has been long used as a medicinal agent in the cure of rheumatism. The Indians used it to facilitate child-birth, whence its name squaw-root. It has also been long used in the United States as a popular remedy not only in rheumatism but in "female obstructions." As a "cure" in smallpox and intermittent fever the rattle-root has had many respectable advocates and has been considered a remedy of first importance. It acquired its greatest celebrity in its earliest days, however, as a cure for coughs and consumption. Even in our day it has received sanction from able and prominent medical authors and teachers. In the treatment of diseases of this character we have had many testimonials of the highest character and entitled to the fullest confidence, even in cases of confirmed consumption.

A number of cases of pulmonary complaint are detailed in an inaugural by G. W. Mears, M. D., about the year 1833, in which it appears that rattle-root produced the most decidedly beneficial effects.

I myself feel assured that many cases of women suffering from uterine maladies treated by me, and who at the same time had pulmonary disease, probably tubercular in nature, have been greatly benefited and in some cases cured of both complaints by the persistent use of the uterine tonic and its aids.

Dr. Mears used the rattle-root indiscriminately, either in tincture, tea or powder. He records cases of diarrhea, rheumatism and intermittent fever, of the worst form, in which this remedy was used with most beneficial advantage. At that time little was known of the remedy as effecting cures of the various maladies affecting the human female pelvic cavity.

The most of this knowledge has come through eclectic and homœopathic sources in the last thirty-five or forty years.

Several years ago, I myself used the tincture of this plant in large doses in rheumatic affections, particularly rheumatic headache, and frequently found it of exceeding value, but in the large doses of a teaspoonful, which I sometimes gave it, it most always proved aggravating, hence it became necessary to discontinue it for a time.

But in small doses, say five or ten drops, repeated every half hour or hour till relief came, then at longer intervals till cured, I found it to be by far the most effectual practice. But small doses in those days were ridiculed as also was the practitioner who employed them. Fortunately, these things have changed. A new era in the treatment of the sick has been inaugurated. To-day we have the alkaloidal remedies and the small-dose system or method—accurate medicine and accurate diagnosis—in the place of the chance work of a comparatively recent time with

huge doses of crude medicines. I have not found any disagreeable effects when using the macrotin even from comparatively large doses. One-sixth to one-third of a grain (one or two granules) may be given every two or three hours and continued for several days. Smaller doses than this might with some produce an aggravation of the conditions for which it is given.

I am always very particular to get a good preparation of this article. That used by the Abbott Alkaloidal Co. in the manufacture of the granules and the Uterine Tonic bearing the name of the writer is the best preparation of the kind I have prescribed. Unfortunately, not all the macrotin sold has been obtained from good fresh root.

Of the chemical nature of the plant not much is as yet known. It contains a neutral principle of an acrid taste, soluble in water, dilute alcohol, ether and chloroform. It contains a volatile oil, and on this account the original tincture doubtless contained most or all of its medicinal principles. The macrotin of good quality having proved effectual in my hands, no doubt contains and depends very largely for its therapeutic power on this volatile principle. Enveloped in a proper sugar coating in pill form as it is now prepared, the whole is preserved and found always reliable in strength and therapeutically exact when used in accordance with its proper indications.

I have prescribed macrotin largely in the past quarter of a century or more and have found it (this particular preparation) uniformly the same in effect on the economy.

Of its physiological effects, we may say here that it acts both on the ganglionic and cerebro-spinal nervous system. The former is probably primarily and most prominently affected.

When pushed in its effect upon the system it produces many cerebral and spinal

as well as muscular symptoms of an unpleasant nature. Its effects on the pelvic organs are more prominent in women. On the virgin womb in health it does not seem to cause any decided effect, but in pathological conditions it shows its action with dreaded energy, and no doubt through the peculiar affinity it has for the ganglionic nerve centers which it speedily excites.

In the dose of one-sixth of a grain or less, frequently repeated, it increases the activity of all those glands innervated by and under the control of the ganglionic system of nerves. It stimulates the glands of the digestive system, increasing their activity.

The secretions of the bronchial, pharyngeal, nasal and buccal mucous membrane receive very prominently the energy created by this remedy. It stimulates the urinary organs, usually increasing the flow, and when it is scant and high-colored cleans it up. It sometimes causes cutaneous eruptions, a kind of eczema similar to that frequently noticed in rheumatic subjects. The muscular system receives effects from this drug when given in high doses, which are anything but pleasant. Some of these are pains, soreness, stiffness, restlessness, choreic twitchings, feeling of tired weakness in muscles, etc. It causes also headache, especially occipital, extending to the vertex, and aching in the back of the neck. Aching in the lumbar region—a kind of lumbago—is often produced by large doses. This headache, singularly, is better on going out into the open air. It is a kind of rheumatism. In my next I intend to speak of the clinical uses of this remedy in particular.

723 Berks St., Philadelphia, Pa.

—:O:—

No remedy has been more highly praised than cimicifuga, or more often found fault with. Scudder says the common macrotin is inert, which is probably correct.—ED.

VARICOCELE OR SPERMATOCELE.

By Thomas H. Manley, M. D.

Professor of Surgery New York School of Clinical Medicine.

THE issue of the ALKALOIDAL CLINIC for July contains a highly interesting contribution from Dr. Monroe Manges on the subject of varicocele and he very properly intimates that the profession should endeavor to deliver those so afflicted from the hands of the rapacious, unprincipled charlatan; but much of the value of his suggestions is lost when he tells us that "every varicocele can be cured by an operation." It is not quite clear whether the writer intended to include, as Professor Senn has lately strangely done, every description of varix of the pampiniform or spermatic plexus with that of the extrinsic, or veins in the scrotal integument. The latter only is, properly speaking, varicocele, a very rare lesion, but always with few exceptions curable by surgery. But if the writer includes varix of the pampiniform plexus among curable lesions of the veins, in all cases, he will find few experienced operators agree with him; and more, it is well known that various types of spermatocele miscalled varicocele are, from a clinical standpoint, no disease at all; so insignificant in early life that those with this anatomical defect are quite entirely ignorant of its existence.

Thus, Dr. Senn tells us, that in the recent rigorous examination of the Illinois militia, preparatory to leaving for the front, of 9,815 recruits, 2078 or nearly one-fourth had varicocele; and, he adds, "When questioned as to whether the lesion gave them pain, with the exception of three or four they answered in the negative; and in more than half this number they were ignorant of any infirmity." The fact is, that spermatic varix is quite innocuous until endo- or peri-phlebitic inflammation with other pathologic changes

ensue; which on the one hand thrombose the vessels or on the other produce diffuse exudate through the intervascular spaces and compromise the spermatic plexus of nerves.

Certain it is that surgery will accomplish much in certain carefully selected types of spermatic varix, but let us not delude ourselves into a belief that they are all curable, or indeed, that operations on diseased veins are always succeeded by satisfactory results. The celebrated French surgeon Delpech was murdered by a man on whom he had unsuccessfully operated for this lesion. About two years ago the writer was approached by a gentleman who had been treated for spermatocele by a distinguished surgeon a year before. He declared that the operation had left him in a wretched state and he was meditating a civil action for damages. A young man, operated on by myself a year ago, one of those melancholy masturbator types, has had the most annoying fits of mental depression since. But there is always some immediate danger of provoking aseptic phlebitis in any operations on the veins. For example, it now becomes my melancholy duty to record the death of a hearty, vigorous young man, from septic infarctions of the lungs, subsequent to the simple excision of the internal saphenous vein for troublesome varix.

115 W. 49th St., N. Y.

—:O:—

The student of philosophy will do well to study the remarkable fear felt by men of anything that threatens the loss of their virility. More powerful even than the love of life is the desire to retain the procreative power. Not that men crave offspring—far from it—but they dread the loss of their power of begetting them. Hence comes that fear of varicocele that constitutes the principal incentive to operations for its cure. Dr. Manley's pithy article needs no comment.—Ed.

PRACTICAL HINTS FROM DAILY EXPERIENCE.*

By Dr. W. C. Abbott.

(PART VIII)

CATGUT SUTURES.

DON'T jeopardize your patients and your own reputation by using any of the so-called prepared material—that put up in any sort of liquid. It is more than likely to be spoiled and you should give yourselves the benefit of the doubt. This applies to those of you who are in general practice and only have occasional use for the sutures.



W. C. ABBOTT.

Use the dry sterilized sutures put up in needleful lengths in hermetically sealed envelopes. They may be obtained by the dozen at small cost (about sixty cents), either of one size or assorted, from surgical instrument dealers generally.

If you haven't this kind at hand, rather than use the other pull a few hairs out of your horse's tail, wash them once in some alkaline water, place them for five or ten minutes in a one to thirty carbolic acid solution, use what you want and put the rest in a clean envelop and seal them up for another occasion. You will find this one of the nicest sutures you ever used for small operations. Cut them out when they have served their purpose. Be careful and not tie too tight or leave too long. Edges unite when brought gently side by side; they congest and slough when pinched together.

BRONCHORRHEA.

Some time, when you have a case that bothers you, give one granule of strychnine arseniate, gr. 1-134; two or three of calcium sulphide, gr. 1-6; and one tablet of Nuclein (Aulde), together every two hours, and note results.

*These notes will continue during the year as a "filler" to this department. I hope they will serve their purpose and at the same time be interesting and instructive.

DANDRUFF.

Perhaps none of my readers have been annoyed as I have been with cases of dandruff, cases which seem almost outside the pale of ordinary general medicine. Many such have fallen to my lot and I have at times been on the verge of despair in attempting to effect anything like a permanent cure. A year or two ago some one recommended Coke's Dandruff Cure for my personal use, and I tried it with most excellent results. I have since prescribed and recommended it many times and have yet to know of an instance in which it did not do good.

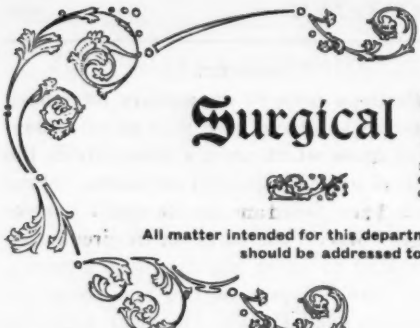
Now, I don't know what it is made of and I don't know that I care. It is cheap, pleasant and easy to use and efficient; and I am personally willing that its proprietors should derive the benefit to be obtained from keeping the formula secret. It is to be found in the general market.

VACUUM TREATMENT.


There is a new ad. in this issue that I want you to take a look at. One of our number, Dr. Wilkins, of this city, some years ago perfected a method of vacuum treatment by the use of much larger cups and more perfect appliances than were hitherto known to the profession. The doctor first brought these appliances to my attention when I was personally suffering from conditions to which the treatment is applicable, and very kindly and repeatedly used them upon me with excellent results. I have at last induced him to advertise to the profession and can heartily recommend his appliances, while I urge the use of this most excellent method for the relief of deep seated pain.

If our readers would appreciate it I am sure the doctor would be glad to write something for the CLINIC on the application of vacuum treatment to the relief and cure of disease. Let those interested communicate with Dr. Wilkins.

Ravenswood, Chicago.



Surgical Department



IN
CHARGE
OF

Emory Lanphear, M. D.,

St. Louis, Mo.

All matter intended for this department
should be addressed to Dr. Lanphear.

INTESTINAL OBSTRUCTION.

Whenever there is a strong suspicion of acute intestinal obstruction cathartics should not be given, no matter how forcible may be the appeal of the patient and friends for a bowel movement. It is better to give a few tablets of codeine sulphate to quiet the pain, and seek the aid of a surgeon. No conscientious surgeon is going to open an abdomen unless he is certain of serious trouble; so it is safe to call in a surgeon to counsel. No time should be lost discussing whether the trouble is volvulus, intussusception, internal hernia, etc.; obstruction is obstruction—whatever the cause—and demands immediate operation. Every hour's delay means added danger.

MORPHINE BEFORE ANESTHETICS.

About fifteen minutes before beginning a major operation (except in those necessitating an opening of the belly, in which cases the drug is highly objectionable) it is well to give a quarter grain of morphine sulphate and one hundredth grain atropine sulphate, hypodermically. Fully one-half the chloroform will be saved, with corresponding diminution of danger.

ANESTHESIA IN DRESSING FRACTURES.

It is safest to insist upon perfect anesthesia for the reduction of every fracture except of fingers and toes. Most cases of malpractice would be prevented by adoption of this rule. Under anesthesia the extent of injury can be accurately deter-

mined, the deformity more perfectly reduced and the retention apparatus more carefully applied than is possible without. A little wrench of the injured parts during examination and pretended attempts at reduction will quickly gain consent of a patient who objects to chloroform when first suggested.

RETROVERSION.

As a broad rule it may be said that a retroversion with adhesions should not be treated with pessaries, but should be submitted to operation. When the displacement can be readily reduced an Albert Smith pessary will be of much benefit. If there be a large laceration of the perineum it should be repaired before the pessary treatment is begun.

ASEPTIC HANDS.

The best means of obtaining an aseptic condition of the hands is to follow this plan: (1) Scrub the hands vigorously with soap and hot water, with stiff brush, for five minutes; (2) dry thoroughly and trim fingernails to the quick—nothing short of this goes—carefully removing every trace of dirt beneath the nails. (3) scrub again for five minutes, paying special attention to the space around and beneath the nails; (4) wash in a saturated solution of potassium permanganate until almost black, up to elbows; (5) wash in saturated solution of oxalic acid until the color is all gone from the hands; (6) wash for one minute in one to 1000 solution of corrosive

sublimate; and (7) rinse in sterilized hot water. Nothing must be touched after this except the sterilized instruments and prepared field of operation.

Dirty finger-nails have killed more people than have firearms. In perfect cleanness is the surgeon's strength.

CURETTING.

Too little care is exercised in the matter of antiseptic preparation and aseptic technic in the too common operation of curettage. Except when there is saphrophytic infection (those cases of puerperal fever accompanied by a stinking vaginal discharge) just as much care should be exercised in the preparation of a patient for curettage as for abdominal section. Entirely too few appreciate this necessity; and our female hospitals are filled with pus-tubes as a result.

STRYCHNINE FOR SHOCK.

When there is evidence of shock during a serious operation the hypodermic injection of one-tenth grain of strychnine will be followed by immediate improvement of pulse, respiration and color.

UTERINE CANCER.

It should always be remembered that cancer of the uterus can be cured by early hysterectomy. Every uterus which shows even a marked suspicion of malignancy should be removed.

SALT SOLUTION FOR SHOCK.

If shock is profound after an operation, especially if from severe hemorrhage, there is nothing which gives such satisfactory results as the subcutaneous injection of a quart of "normal salt solution"—six parts salt, one part sodium bicarbonate, 1000 parts water—sterilized. Bottles containing this solution, ready-prepared, should be kept warm for use in every operation when serious loss of blood is anticipated. By means of a large needle and elevation of the con-

tainer of fluid (inverted bottle with glass air-tube, irrigator or even a douche bag) the fluid may be forced into the loose cellular tissue below the breast or in the gluteal region. In urgent cases a vein should be opened and the fluid slowly introduced directly into the venous circulation.

HEMORRHOIDS.

Too few doctors realize how easy it is to cure piles by a simple operation—indeed complete dilation of the sphincter under chloroform anesthesia will alone cure many cases. Still fewer physicians appreciate the importance of hemorrhoids, especially in gynecological work. A large proportion of such patients can be permanently and speedily relieved by attending to the rectal trouble. Therefore, the rectum should be carefully examined in every case of chronic disease, regardless of its character—particularly with women.

CRANIOTOMY UNJUSTIFIABLE.

Every surgeon of prominence and almost every teacher of obstetrics now agree that craniotomy upon the living child is never justifiable at the present time. With a competent surgeon beside every babbling brook, no woman need now lie long in labor without the assistance of an operator capable of performing symphyseotomy in proper cases or Cesarean section in the more serious cases. Under modern methods the mortality to mothers is less from Cesarean section or the Porro operation (extirpation of the pregnant uterus) than from craniotomy; and by it many children are also saved. Obstetricians should educate the people to the benefits of the Cesarean operation.

CONFINE THE HANDS.

If there be any reason why a child should not put its hands to its head (as disturbing dressings, etc.), a few turns of plaster of Paris bandage around each elbow, ex-

tending three inches on either side of the joint, will effectually prevent it.

FLOATING KIDNEY.

Floating kidney, or, properly, "loose kidney," should not always be operated on, as advised by some. It is frequently associated with prolapse of other organs and viscera (gastroptosis, enteroptosis, and so on), and needs rest in bed, nerve-tonics and good food far more than operative procedures. Some cases, however, are of such degree as to require suturing.

HERNIA.

Strangulated hernia in children is of far more frequent occurrence than generally supposed. There is an old-fashioned idea that a child under one year should not wear a truss—and this is the cause of numerous deaths. A pad should be fitted to every infantile rupture as soon as discovered. If this does not hold the gut back a truss should be made as soon as it is found the hernia will not remain reduced. By a proper truss a large proportion of such hernias will be perfectly cured by the third year.

INTUSSUSCEPTION.

It should always be remembered that intussusception in childhood is nearly always accompanied by vomiting, fever and bloody stools. Many cases have been "dosed" with paregoric and other remedies and allowed to die of "summer complaint," "infantile diarrhea," "bloody flux" and the like, when the true condition was intussusception. Every child which has such bloody discharge should have its abdomen carefully examined, repeatedly, for the characteristic sausage-shaped tumor of this disease.

INTESTINAL PERFORATION.

Typhoid perforation is now recognized as a legitimate field for operation.

The death rate from the expectant plan of treatment is 97 per cent., whereas 45 cases operated on have given 11 recoveries: a percentage of 26.22. Operation to be successful must be performed within a few hours after perforation occurs—otherwise a fatal peritonitis will have arisen.

ADENITIS.

Suppurating "scrofulous" glands of the neck should not be lanced but dissected out without rupture. They are of tuberculous character and the mere opening and drainage may give rise to infection of the pulmonary tissues and subsequent phthisis. Complete extirpation prevents such an unfortunate ending.

PATELLA FRACTURE.

Wiring of fractured patella seems to be gaining ground among the leaders of surgical thought.

ICTERUS.

Jaundice is not a necessary symptom of gall-stones. Repeated attacks of gall-stone colic without the slightest sign of icterus may be sufficient to justify opening the gall-bladder to remove the calculi.

ENDOMETRITIS.

Whenever a glandular endometritis becomes inveterate, showing a tendency to degenerate into a typical malignant adenoma (adeno-carcinoma—glandular carcinoma—primary cancer of the mucous membrane of the uterine body) hysterectomy should be performed. The symptoms generally make their appearance at or a little after the menopause and are (1) irregular hemorrhages, (2) a serous, reddish, odorous discharge, and (3) later, paroxysmal pain. But pain is not a necessary accompaniment of uterine cancer, even when far advanced.



MISCELLANEOUS DEPARTMENT

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home." Make your reports brief, but do not sacrifice clearness to brevity. Say all that it is necessary to say to make your meaning plain and convey your ideas to others. We especially urge you to use the space set aside for "Condensed Queries" freely, and avoid burdening your Editors with private correspondence.

DOSIMETRY IN FEVERS.

Editor Alkaloidal Clinic:

—I have been a reader of your journal from the first number. For several years I received it as

an exchange, first for *The Country Doctor*, afterwards in my friend Dr. Roberts' office of *The Southern Practitioner*. When I left Nashville last October it was one of the few American journals which I continued by subscribing for. I have been a dosimetrist for many years and used the alkaloids long before American manufacturers prepared them in their present convenient form, and have made triturations of them in my own office so far back as '69.

With these I have battled against disease for thirty years. I would not dare publish my experience, for it would read more like a fairy tale than reality. On my necrologic record I have eight cases. Three of these are credited to tuberculosis, one to cancer, one to septicemia after an operation, one to gunshot wound, one to puerperal convulsions, one to tetanus. These are cases which I treated from the inception to the close. Of course there are others to which I have been called, who had received treatment at other hands until "given up," which I do not count; obstetric cases when the patient was hopelessly poisoned before I saw them. But I have my first case of puerperal septicemia to see in a case I delivered, and my obstetric practice has been largely among the poor. I have had only five cases

that I could conscientiously denominate typhoid fever. Other physicians around me find fifty each every season, in a sparsely settled country. Is this luck or mistaken diagnosis? How many of these so-called typhoid cases which linger for weeks, and survive if at all with wrecked constitutions, could have been jugulated at their commencement?

When I first entered the profession Virchow was in the zenith of his glory, and his Cellular Pathology I absorbed even as a sponge drinketh water. About this time I was also reading Kant and Hegel. From this mixture of pathology and psychology I formed a conception which was more definitely set forth afterwards by the Darwinians; that is, I looked upon man as an aggregation of independent protozoal cells, acting together as a colony with a division of functions and a general co-operation to carry on organic life. From these views I came to regard what we call disease in the abstract to be a revolt of certain classes of cells, who refused to obey the organic compact and strove to either live by the exertion of the other members of the colony and do nothing themselves, or strove to return to their original mode of propagation by proliferation; and the province of the physician was largely to stimulate to activity, or in case of failure to accomplish this kill off the recalcitrant inhabitants of the colony and let new members take their place. Another condition is where the inhabitants

die from some extraneous cause, die faster than the well ones can cremate or bury them, and their putrefaction poisons the whole colony. This condition we find in endemic and epidemic diseases. Again we have the food-supply becoming vitiated, and fermentation with putrefactive changes taking place, as the factor of these epidemics of cellular death.

Let us take a case of any kind in its incipency: The first thing that strikes us is an abnormal high temperature. This means rapid oxidation or destruction of cell-tissue. Too rapid destruction means imperfect destruction, and the detritus of imperfect destruction means putrefactive poisoning of the higher cells. The first indication is to put out the fire as quickly as possible; the next to disinfect the colony; the next to supply nutritive matter to the weakened inhabitants, in the form that requires the least exertion on their part to utilize it.

If the fire is permitted to rage for some time there will be putrefying corpses, in localities difficult to reach by the sanitary disinfective corps, and you have a slow or long protracted case. If you attempt to increase peristaltic activity of a highly congested bowel you will have an exfoliation of epithelium, that will let in more poison than you remove by emptying the bowel. So first of all break up this congestion, then clear out the contents of the bowel and follow with antiseptics. If the fermentation in the bowel is amylaceous or vegetable spores, the sulphates or sulphites are the best. If it is putrefactive or from albumenoids, the sulphocarbolates and the whole naphthol family are indicated.

To reduce temperature there is nothing I have ever found so effective as aconitine or as safe. Combined with nitrate of strychnine or brucine, and digitalin, I have never seen a fever temperature that I could not safely pull down to near normal in four or five hours, very often in two. The heart-failure we hear of is more due

to the exhaustion of the nerve-centers by excessive temperature than to the drug. Aconitine first acts on the peripheral nerve-cells and you get all the effect you want before it reaches the center, and with the pure alkaloid there is no danger of cumulation. I have kept a chronic case under the full medical, not physiologic, effect of aconitine for ten days with no evil result.

I suppose that there is no man who has practised medicine as long as I have that has used as little of tinctures and fluid extracts. I early imbibed the ideas that alcohol arrests retrograde metamorphosis, and that this quality would interfere with the action I sought to derive from drugs. Ten ounces would cover all I have used in thirty years.

I suppose twenty grains would cover all the calomel I have administered in the same time. I thought that all drugs must first be absorbed before they could affect the cells, and the calomel would first have to be converted into the soluble bichloride by the secretions before this absorption could take place; and we could never know just how much or how little would be converted. So when I desired a mercurial effect I administered the bichloride, and I always got it. Before the day of tablet triturates I carried a solution by which I could graduate my dose to 1-500 grain.

After I began to use hyoscyamine and hyoscine I cut my acquaintance very largely with the Papaver family, for the reason that, like alcohol only more so, they interfere too much with cell-destruction and cell-building; and I have never had any cause to displace these old standbys with modern analgesics and hypnotics. I found the practical use of the coal-tar group with their antiseptic properties, and never cared to load the circulation with a highly elaborated carbon to get relief from pain or to induce sleep.

Up to ten years ago I laid great stress

on the cinchona alkaloids. In fact I fear that they received much abuse at my hands. I have not used an ounce in five years, and have practised all the time in a so-called malarial climate; and in this season in twenty-five cases of fever I have not used a single grain. I have not averaged three visits to a case and not a single patient has been in bed a week. If this were intended for publication it would sound like blowing, but it is not.

Let me state a typical case: The patient has complained of lassitude, anorexia and wandering pains in back and shoulders, with dull, heavy headache for several days. Then follows a distinct chill, succeeded by fever running up to 105° or 107° . After twelve hours fever drops to 101° in the morning and runs up to 105° or 107° in the evening. Bowels usually suspend their function with the first fever and are tender on percussion. I find the patient at this stage (say the second day) with a temperature of 105° , bounding pulse, tongue coated with brown fur, red edges, often nausea and vomiting; tongue and mouth both dry, sometimes delirium, sometimes stupor. The first thing I do is to put twelve tablets of aconitine cryst., gr. 1-500, twelve digitalin, gr. 1-100, and eight strychnine arseniate or nitrate, gr. 1-100, in twelve teaspoonfuls of water, and give one teaspoonful every thirty minutes until the temperature begins to fall, then one hour apart, then one and one-half hours. When the tongue gets moist and the temperature reaches 100° , I commence giving every hour podophyllin, gr. 1-5, mercury bichloride, gr. 1-100, until I give four of each; then follow with saline cathartics; all this time continuing to hold the temperature down with the aconitine mixture. When the bowels act I commence with the sulphocarbolates or beta-naphthol. If I see the case the first day these are not required, for there has not been such a destruction of leucocytes but that they will be able to attend to all the

detritus in the tissues. After you give four or five doses of your antiseptic, suspend the aconitine mixture. The temperature will not go over 100° , and the next day will register normal. I leave the patient strychnine arseniate, gr. 1-100, to be taken in warm water half an hour before meals for five days, and one tablet mercury bichloride, gr. 1-100, to be taken at bedtime every other night for eight days. Tell him to keep out of the sun and eat light nutritious food for a week. I have no relapses and all get out of bed in from three to five days.

Quinine in most of these cases would answer as well as the sulphocarbolates or beta-naphthol as an antiseptic, but if given in sufficient quantity for this purpose it exerts a depressing effect upon the sympathetic nerve-centers, at the very time you want their best action in eliminating or burying the dead in our colony. Remember that the antipyretic action of quinine commences at the opposite end of the sympathetic to aconitine, as the former first affects the nerve-centers.

This is not for publication; in fact I don't exactly know why I have scratched it off. It would not be of great use to a practitioner, for I get very little reputation as a "fever-doctor" because I never have any bad cases requiring the whole neighborhood to sit up nights and witness the ravages of disease; and, further, I would get the ill-will of my brethren who are so infatuated as to get these slow cases of fever, and it may be that it is luck rather than skill after all. So if you take the time to read this scrawl and find anything worth notice or comment, you are welcome to use it as your own in your monthly comments. I desire neither glory nor notoriety.

J. T. MCCOLGAN, M. D.

Arcot, Tenn.

—:O:—

It requires nerve to drop the big doses, especially of quinine in malaria. But when

one begins to realize that the disease can be controlled by the little and frequent dropping in of dosimetric milligrams, the eyes gradually open.—Ed.

ALKALOIDAL TREATMENT OF MEASLES AND THREATENED PREMATURE LABOR.

Editor Alkaloidal Clinic:—The very first case I saw, after getting my premium pocket-case of granules three weeks ago, was full of interest to me, a case of threatened miscarriage with measles. The lady was in the eighth month of her second pregnancy. She was coughing incessantly; vomiting occasionally; temp. 102°, pulse 115; pretty strong labor pains recurring every fifteen to twenty minutes. The eruption was very scanty and had not increased much since it began, thirty-six hours before.

No doctor wants to see labor occur during the eruption of measles. I don't!

Well—my supply of tablets was limited to the contents of my little pocket-case. From it I selected aconitine, hyoscyamine, calcium sulphide, one tablet each, and Waugh's Anodyne, three tablets. These I gave every fifteen minutes for four doses. I then added atropine 1-500 and codeine 1-67, till four doses, by which time the cough and uterine contractions perceptibly subsided, and also the fever. I now added strychnine and gave them every half hour until the uterus became quiet, which it did in about four hours. I now withdrew everything but calcium sulphide, strychnine and atropine, giving these every four hours. The eruption was thoroughly developed in eight or ten hours. After the uterine storm was quieted I gave a saline cathartic, which acted kindly.

Twenty-four hours after beginning treatment I discontinued everything but the calcium sulphide, which she took two days longer. She is now in excellent condition and bids fair for a perfectly normal labor.

After many years' observation I can recall no case of threatened miscarriage or abortion that yielded so readily to treatment. What would morphine have done here? I believe it would have precipitated the very result I sought to prevent. In very large doses it may quiet, but think of the locked bowels, of arrested secretions, of the debauched brain and nervous system, and of the nausea and depression next day. He who has seen all this will thank any means of escape that presents.

Now, Doctor, tell me if I made any mistakes, or if I could have made a better selection of tablets.

W. H. ABERNETHY, M. D.

Timla, Ala.

—:O:—

Note that hyoscyamine, aconitine and strychnine were employed together, without interfering. Burggraave's statement that the alkaloids given alkalometrically do not antagonize each other, is not to be accepted as necessarily true because he says it, but the claim should be investigated, for if true it is of great importance.—Ed.

PLEURISY.

Editor Alkaloidal Clinic:—I am a new subscriber to the CLINIC, but must say it is as good as a course of lectures to any physician. In the few cases where I tried the alkaloids they have given the very best results.

On July 7 I was called to see a lady with pleurisy. My treatment was: Aconitine, veratrine and digitalin, a granule of each every half hour until sedation occurred; then every hour to sustain the effect. With six small doses of calomel, the lady got easier in eight hours, and was up next day.

The day is fast approaching when the granules will be extensively used by all prominent physicians.

S. E. SMITH, M. D.

Pick, I. T.

"SICK HEADACHES."

Editor Alkaloidal Clinic:—I wish to call your attention to one of several maladies commonly classed as "slight ailments." This is that condition variously named "sick headache," "bilious headache," etc.

This malady is known to us all, to some by sad personal experience and to all through our daily work.

I have been surprised to learn, through my patients, the expressions used by some physicians about this common condition. A young man for six years has endured "sick headache" because the physician thought the boy would outgrow it. In a round-about way the mother learned that I thought such conditions removable and sent the boy to me. Instead of two or more attacks each week the young man has had during five months only one day of the old trouble and a slight indication of a possible attack at another time.

The history is as follows: Patient awakes in the morning a little tired; feels that he has not had a good night's rest; may be a tendency to yawn; eats with effort a little breakfast; soon pain in forehead begins; with slight nausea and perhaps a dread of bright sunlight. As the hours go by headache increases; may be followed by vomiting; the feeling that if the stomach could be emptied relief would follow; the patient, if able, retires to a lounge or bed and lets the hours drift by, possibly sleeping a little, until after a night's rest he awakes, headache gone, but somewhat tired and empty.

Now what causes the condition just described? Auto-infection from stomach or bowels, or from both. Owing to over-eating, improper food or sluggish bowels, the waste of digestion is not properly passed out of the system. Retention, fermentation, microbic growth with toxic alkaloids; absorption into the blood, irritation of nerve or brain-cells follow. Vomiting and diarrhea remove the cause of

poisoning; alkaloids are eliminated through the skin and kidney; the cause removed, the pain is gone.

A few days or weeks develop another condition like the first, and the old story is gone through with again.

I recognize the fact that all cases of "brow pain" are not due to poisoning from the digestive canal.

What shall we say to the victims of sick headache? Tell them plainly that they need not suffer these constantly returning days of sickness.

As to treatment, my remedies may not be yours, but they will suggest a plan of attack that in my practice has as yet no failures. Nearly all my cases have come to me the day after an attack.

I give my patients two medicines—a pill and a liquid. The pill I call my "hepatic" (Abbott Alkaloidal Co.), and it contains: Podophyllin gr. 1-4, leptandrin gr. 1-2, irisin gr. 1-4, ext. nux vomica gr. 1-16, powd. capsicum gr. 1-3. Take at bedtime every night.

The liquid contains to each teaspoonful: Zinc sulphocarbolate gr. 2, copper arsenite gr. 1-200, strychnine arseniate gr. 1-67. This dose is taken after each meal, three times a day.

I always give my patient a few of what I call my headache tablets and tell him if he should feel a headache coming on to take three tablets with hot water. This tablet my patients seldom have to use, but it is a comfort to know the relief it will give, and to also know it is at hand.

Each tablet contains: Acetanilid gr. 1 3-5, caffeine alkaloid gr. 1-5, sodium bicarbonate gr. 2-5.

This tablet is known as "Acetanilid comp. 2 gr. (Aulde)." I recommend it also as a headache tablet and suggest that you furnish it to your patients yourself. It will bring to you many a patient that otherwise would go direct to the druggist for something neither so safe or so good.

You recognize my treatment of sick

headache as nothing new or startling: clean out bowels, keep sweet (aseptic) and tone up with strychnine.

The liquid should be given for six weeks and the pill (at night) continued twice a week for a month after stopping the liquid.

NATHAN W. SANBORN, M. D.

Wellesley Hills, Mass.

—:O:—

Just recovering from twenty-four hours of such a headache, wrongfully attributed by my family to a Welch rarebit, I feel the full importance of Dr. Sanborn's remarks. The diagnosis of Welch rarebit is based on the fact that every time I eat it I have sick headache. A tablespoonful of Saline Laxative, with a granule each of emetine, rhein, menthol and calomel gr. 1-67, every half hour till effect, routs the enemy. Whether the cheese is worth the suffering depends on the point of view. Before eating I think it is; afterwards I change my mind.—Ed. W.

CAMP DIARRHEA.

Editor Alkaloidal Clinic:—I am now with the Ninth Illinois Volunteer Infantry and moving somewhat, but I want the CLINIC as regularly as possible. I am wholly converted to alkaloidal medication and want a supply. I have found zinc sulpho-carbolate the *sine qua non* in camp diarrhea, occasionally codeine when there is much tenesmus. I am surprised that the medical department of the army seems to have no knowledge of the merits of these drugs nor of the use of alkaloids generally.

MYRON H. C. WEAVER, M. D.

Jacksonville, Fla.

—:O:—

I am pleased with your report on zinc sulphocarbonate in camp diarrhea and would suggest that the Zinc and Codeine Compound might be an excellent one for your use. The medical department of the army will not get up to alkaloidal medication for from five to twenty-five years yet. They are away behind in all these things.

The long lists of deaths from typhoid fever and dysentery prove the truth of Dr. Weaver's last statement. Who that has tested the sulphocarbonate treatment believes such mortality unavoidable? But the time will come.—Ed.

TYPHOID FEVER.

Editor Alkaloidal Clinic:—While looking over the pages of a sample copy of a medical journal recently I came across an article on the treatment of typhoid fever that surprised me. I was led to compare the treatment advocated therein with the treatment of my last typhoid case. The writer advised the use of no less than twenty-six different drugs, five of which were proprietary.

The last case I treated received at first calomel gr. j, sodium bicarbonate gr. ij, every hour for five hours; then he was given zinc sulphocarbonate gr. ij every three hours. In forty-eight hours improvement commenced and continued without interruption. During the first two days I gave a few migraine tablets for intense headache. Temperature was reduced by cold bathing. After a couple of days I gave a tablet of Protonuclein four times a day, as I was out of Nuclein (Aulde). After the first day he received strychnine sulphate gr. 1-20 four times a day. Milk diet.

He was sitting up in sixteen days from the time treatment commenced. I think the result would have been the same without the migraine tablets, but they made him more comfortable, so I gave them. What the result would have been had I used twenty-six different remedies I dread to contemplate. In fact I fear I would have found it rather difficult to find time to work them all in.

FRANK A. MORRILL, M. D.

Somerset, Mass.

—:O:—

One remedy is enough if it is the right one.—Ed.

FERMENTIVE DIARRHEA.

Editor Alkaloidal Clinic:—I have prescribed the W-A Intestinal Antiseptic tablets in intestinal affections. They are very useful for the purpose intended. Several of the cases were fermentive irritation of the bowels, in which the tablets were of marked benefit from the start.

I have just completed the cure of a chronic endometritis in an old lady—thought I would have to curette, but am glad I didn't—with the Uterine Tonic, Antiseptic vaginal suppositories and hot douches.

My stock of granules will soon need replenishing, as I shall want them t. i. d.—“till I die,” as the country druggist said.

W. C. BUCKLEY, M. D.

Phila., Pa.

LITHIASIS RATIONALLY AND SUCCESSFULLY TREATED.

Editor Alkaloidal Clinic:—My father is sixty-six years of age, healthy and robust. Fifteen years ago he began complaining of pains in the kidneys; suffered more or less with sciatica; with each year there were stronger evidences of kidney trouble, but still no unusual indications in the urine, which from time to time I analyzed for albumen, sugar, etc.

Ten years ago he began with bloody urination, extreme pain in the small of the back, and the elimination of great quantities of calculi, some as large as white beans. The usual alkaline solvents were used with apparent success, and a slight improvement for about two years, when he grew rapidly worse, with bloody and strongly acid urine. When not bloody it was full of suspended matter resembling pus and other particles like fish-scales. The pain in the kidneys and bladder was most excruciating; nocturnal incontinence necessitated wearing cloths; his system was the most bilious I ever saw; during daytime urination occurred every ten or fifteen minutes, always accompanied by

spasm of the bladder and such burning of the urethra as only a sufferer from this disease can realize. Physicians said that they had done all they could and that his time was short.

He could not endure opiates and had to bear the pain without these most blessed means of relief. I studied all the literature I could get from you, and sent for some of the granules. I dissolved 100 asparagin gr. 1-67, 100 lithium benzoate gr. 1-6, and fifty hyoscyamine gr. 1-250, in forty-eight teaspoonfuls of water, and gave one teaspoonful every hour, day and night, until he was relieved of the spasms and burning. He began to improve at once, and for six months has taken but three doses daily of the above solution.

I do not claim as much good from the above as I do from the Saline Laxative each morning, which you couldn't hire him to miss. This salt, with now and then a little colchicine, keeps the bile down and the alimentary tract cool and fresh for the day's work.

He is not a well man nor will he ever be, but he can do considerable work, is free from pain, can urinate naturally, and to use his own expression “is as happy as a clam.” We have much faith in the treatment he has followed and ascribe his present condition wholly to the above mentioned medicines.

W. E. MUMFORD,

Chemist, Gilbert Embalming Fluid Co.
Redkey, Ind.

—O:—

Such a case is calculated to open the eyes of the “moss-backs” who have not “had time to investigate Alkalometry” yet.—ED.

Doctor, when you send your renewal we shall appreciate it if you will send us the names of some of your friends that you think would be interested and pleased to see a sample copy of the CLINIC. We will give you credit for having mentioned them. Do not forget it.

COLEMAN AT CAMP WIKOFF.

Editor Alkaloidal Clinic:—So rapid have been my movements, together with such little conveniences for writing and poor mail facilities, I have failed to fulfill my promise to furnish the readers of the CLINIC with an occasional letter from Cuba. In fact my stay in Santiago was so brief I had no time for letter-writing, as it required every moment to accomplish the purpose for which I was sent. A few hours only of observation sufficed to convince me that conditions in that part of Cuba were not such as had been represented in the States, and that the prevalence of yellow fever had been grossly exaggerated. In truth I saw no case of yellow fever in Santiago, but plenty of that terrible Cuban climatic fever, which, in my opinion, is far more dangerous and fatal than the yellow fever of the past ten years, which, as I think I have shown in my history of the disease, is rapidly losing its virulence and becoming milder, and will eventually disappear from the world, since its original cause has long since been removed.

But that Cuban fever is a new one to the American medical profession, as is evidenced by the various diagnoses of it, as typhoid fever, yellow fever, bilious fever, dysentery, diphtheria, etc., and it is at the bottom of the hue and cry of "starvation" going up through the length and breadth of this great country, charging the administration with failure to supply the army with sufficient food. I did not vote for this administration, being a Democrat, though not a politician, but am a loyal, patriotic citizen and believe it my duty to support the rulers of our country. There was no want or starvation as has been pictured by the press of this country, for the government supplied food and everything needed with lavish hands, and exercised a rigid scrutiny in the selection of strong, able-bodied,

healthy men only for service and to eat that food. In hundreds of cases I concede that starvation operated secondarily as a cause of death, but it was on account of the inability of the patient to take, digest and assimilate food enough to maintain life, and it was not starvation primarily, but the effects of that peculiar disease that rendered the digestive apparatus incapable of performing its normal functions. So in such cases, of which young T—, of New York, was a type, neither the government nor Bellevue Hospital could have furnished food delicate and nutritious enough to save life, in the absence of the power to digest and assimilate.

The only fault was the failure of the physician to properly treat and jugulate that disease in its first stage, and yet the army medical corps cannot be blamed for that, composed as it is of men under thirty generally, young, inexperienced and as yet incapable of critical observation and correct reasoning from observed facts. The only criticism I make of that corps is in regard to their absurd and senseless jealousy of the old, experienced citizen-contract-physicians and their refusal to admit the trained nurses of that noble band the Red Cross Society, into their hospitals to aid in caring for our sick and wounded soldier boys. The contract physician had no redress, but the Red Cross Society brought them to terms, after repeated refusals of their aid, by opening a hospital for sick Cubans and giving them so much better treatment than our soldiers were receiving. It was not long before our boys got wind of it, and a concerted American howl went up that brought the officials to terms and gained admittance for this noble, self-sacrificing band into our regular hospitals.

While this peculiar climatic fever of Cuba resembles both yellow and typhoid fevers—the former in the symptom of jaundice, which is even more frequent than in true yellow fever, and the latter in the

intestinal disturbances—yet it is a separate and distinct disease from either, and is in no sense contagious. I am totally ignorant of its etiology, yet it is evidently a gastro-enteritis, the irritation and consequent inflammation caused by it extending the whole length of the alimentary and intestinal canal *ab oro ad podicem*; for there is in many cases an almost incoercible diarrhea, frequently terminating in fatal dysentery, and in others in ulceration of the fauces and tonsils, which has led some intelligent physicians to diagnose it as diphtheria. This throat trouble I have observed in more or less intensity in numerous cases in Santiago—in fact nearly all complain of the throat in a greater or less degree.

The impression made upon me by my observations of it, both in Cuba and at Montauk Point (Camp Wikoff) was its very close resemblance to acute "tabes mesenterica," both in the character and course of the fever and in the intestinal disturbance. This is rather a unique idea and one not entertained by any other surgeon or observer to my knowledge, and I doubt if pathological anatomy will sustain such a diagnosis. I witnessed no autopsy, however, and had no opportunity to make a post mortem examination.

The persistence of the diarrhea after the subsidence of the fever is a peculiar characteristic of the disease not recognized by the army surgeons generally, for more deaths occur from it than during the acute stage, and I notice that the death certificates are all written, chronic diarrhea or dysentery, as if it was a separate disease having no connection with the original climatic fever. For this reason this point should receive more attention and investigation than has been bestowed upon it hitherto. Not meaning to reflect invidiously upon any one, I must say, in all candor, I failed to meet with many close, critical and trained observers among the whole corps of army surgeons. This is

not at all surprising when we reflect that, as a rule, they are young men under thirty. I did not learn to observe closely and to reason correctly from observed facts till I passed the age of fifty. Hence, superficial observers failed to recognize the disease in its entirety and named it as they saw it in its different stages, from the most prominent symptom then present, as yellow fever from the frequent occurrence of jaundice, typhoid fever from the general intestinal disturbance, chronic diarrhea and dysentery from the persistence of that trouble to the end, and even diphtheria from its frequent termination in ulceration of the tonsils and throat.

The huge doses of calomel, blue mass, quinine, camphor and opium used in the treatment militated, I think, greatly against the patient's recovery, and in those who lived in spite of both disease and treatment it greatly prolonged the period of convalescence; while I found that the use of the vital incitants, arseniates of strychnine, iron, soda and quinine, gave far better and more satisfactory results; and I am convinced that by the use of Nuclein (Aulde) convalescence was more rapid and the restoration to health more perfect.

Oh! if every army and naval medical chest had only been fully supplied with Aulde's Nuclein and Murray's Tablets of pure willow charcoal (the intestinal antiseptic par excellence needed in this peculiar disease) how many valuable lives might have been saved! But, alas, I found none except what I had in my meager supply.

In a conversation with Mrs. Willard and another noble lady of the Red Cross Society, I mentioned my inability to find these useful and much-needed remedies among army supplies, and urged them to use their influence in having them added to the medical list. They thanked me for the suggestion and made notes of my remarks of their use and great benefit, and said they would exert every energy to have my

suggestions carried out, for they were engaged that morning in supplying the hospitals at Camp Wikoff with "lime water," that simple but useful remedy which could not be found in any hospital till supplied by them.

And as I have nothing more to say at present on the natural treatment of that climatic fever with which almost our whole army from Cuba is suffering, let me narrate a little incident coming under my own observation, which will enable you and your readers to know just how much to believe of the sensational reports published by the big metropolitan dailies about the sanitary conditions and amount of sickness at Camp Wikoff.

I will premise by saying that I have seen many large army encampments and that this one is the most magnificent and beautiful for situation, the cleanest, best kept and supplied with abundant pure water, and best tents and beds, for both sick and well, it has ever been my fortune to inspect. On Tuesday morning, 30th ult., I was sitting at breakfast, by the side of Dr. Nunez, a Cuban gentleman and most competent physician, who has charge of the "Isolation Hospital" for infectious diseases. As we arose from the table he said: "Now, Doctor, as you are going to Washington, I wish you would accompany me in my morning round through the hospital, so you can report to the surgeon-general exactly the true conditions as seen by yourself. I gladly accepted his invitation and visited this hospital, situated on a high point separate from all other camps. In the first tent I found a soldier who had been sent there from a transport a week before, as a suspicious case of yellow fever. The Doctor said he had had two paroxysms of intermittent fever, which had yielded to proper doses of quinine, and the man was anxious to get up, as he had had no fever for three days and felt as well as ever.

In the next tent I was shown four cases

of measles, all doing well. In the next three cases of what the good doctor called diphtheria, but which appeared to my eye to be only tonsillitis, a termination of the Cuban disease; but I held my peace, as I had no time for argument. The above-named cases constituted all the patients then in this hospital of isolation, and the Doctor said he had not had a case of yellow fever for two weeks.

But an hour afterwards, upon entering the telegraph office at the Point, I picked up a big New York daily, and the first item that caught my eye was a column with big headlines: "Yellow fever at Camp Wikoff and fifteen deaths!" It was the statement of a female nurse from New York, who had not been in camp two days when she wrote the communication. She said she had seen two men die of black vomit in the hospital the night before (Sunday night) and that there had been fifteen deaths from yellow fever in the preceding twenty-four hours—more than the deaths from all causes throughout the whole camp in the same period. In fact there had been only ninety deaths, all told, at that camp up to the time of my leaving, September 2. All the other ridiculous, sensational stories going the rounds about Camp Wikoff have just about as much truth in them as the one narrated above.

W. L. COLEMAN, M. D.

First Lieut. and Act. Assist. Surgeon, U.S. Army,
Galveston, Texas.

Morgan City, La., Sept. 10, 1898.

THE CLINIC TIPS THE SCALE.

Dear Doctor Abbott:—The CLINIC grows better and better. Is it possible for it to gain a deeper hold on its readers? I had rather have it than all the journals combined. Is my language too strong? May the present year be to you one of unparalleled success.

W. G. MITCHELL, M. D.

St. Andrew's Bay, Fla.

INFANTILE PARALYSIS.

Editor Alkaloidal Clinic:—I wish to present to the CLINIC's notice a case that I think will prove instructive as well as interesting.

Patient, a boy of two years, delivered at the eighth month; first child; parents young and robust; grandparents all living. Child stopped nursing at about the tenth day for a time, and when it attempted to resume lactation had ceased, and the child had to be bottle-fed; the food consisting of barley-water and condensed milk, which gave the child much intestinal trouble. He has been from birth and is to this day very much troubled with internal convulsions, coming on very frequently from crying.

At about the proper age it was noticed that the child made no attempt to hold up its head, which seemed to some too large but the attending physician called it normal. At present the head is of proper size and shape and covered with a good growth of hair, the patient is rather thin, but of average height. He can turn his head to either side and push it backwards, but cannot raise it. When fed with a spoon he either does not seem to have the intellectual faculties or has difficulty at times in closing his mouth at the proper time. On this account he cannot be given any solid food. His food now consists of cow's milk and oatmeal. The teeth have all decayed. Those in attendance he recognizes but frightens at strangers. He cannot easily be amused, but laughs to himself at times; makes no attempt to grasp or hold any object. The eyes have a wide awake, far-off look, directed mostly straight ahead and seldom follow objects around. The pupils respond to light.

When the eyes first attracted attention he was taken to a specialist, who could not give any information as to the cause or the future, but thought that the patient might go blind. Another physician thought the child had spinal disease and

recommended the hospital for ruptured and crippled. There they said nothing was the matter with the spine, and sent the patient to the Child's Hospital, where they thought that a blood clot on the brain, caused by the convulsions, was the trouble. At another hospital they hinted at hydrocephalus and predicted death over a year ago. One M. D. called it scrofula, another even heart-disease. In Germany this summer some physicians claimed that some of the muscles of the neck were paralyzed. A red spot about the size of a nickel appeared at one time over one eye for some months.

J. J. WIRZ, M. D.

New York City.

ATROPINE IN UTERINE HEMORRHAGE.

Editor Alkaloidal Clinic:—"Where ignorance is bliss 'tis folly to be wise," may be sound doctrine in some cases, but it will not apply to a physician who has never tried Alkaloidal medication.



H. D. FAIR.

Since June, 1897, I have carried nothing in my hand-case but the little granules, and have not from that time to this met with anything but

what could be handled with a selection from twelve or fifteen remedies.

On the night of September 27 I was called to see Mrs. Blank, a young married woman, never pregnant, who had been bleeding at the rate of sixteen or eighteen ounces per hour and had lost probably two quarts of blood. I immediately gave a hypodermic injection of two granules of atropine sulphate, and prepared a solution of ergotin, to be given in teaspoonful doses. I soon had the hemorrhage under control and endeavored to learn the cause, which I supposed to be abortion. She had been married about four months and before her marriage had been decidedly hearty and vigorous. The only trouble

she had had for years was an occasional "bilious attack." She had been used to a great deal of out-door exercise, horse-back riding, and could readily shoulder a two-bushel sack of wheat. Her menstruation had always been strictly regular every twenty-eight days, with normal flow lasting four days. About five weeks previous to my call she had a similar attack followed in ten days by acute ovaritis attended by fever and intense pain in the region of the right ovary. However, this lasted only a few days and was followed by another slight hemorrhage. I found the cervix and canal much inflamed, but it responded nicely to treatment. I used medicated tampons for four days after all discharge had ceased.

October 4, while the patient was eating dinner, suddenly without pain or warning the hemorrhage started again. I was sent for and stopped the flow immediately as before. Tampons were adjusted and the patient ordered to stay in bed.

There was no fever, no excitement, no pain; every organ of the body was seemingly normal. I kept the medicated tampons at the mouth of the uterus, changing them every twenty-four hours for three days, then left the case in the hands of the husband; instructing him how to act in an emergency and requesting him to let me know a few days before she expected a return of her monthly period, so that I might give her something to carry her safely over. This was done, and she made an uninterrupted recovery.

In both these instances this free hemorrhage was stopped in less than five minutes by the minute dose of atropine sulphate. That's what it is to have a remedy you can depend upon.

H. D. FAIR, M. D.

Redkey, Ind.

—:O:—

Dr. Fair does not make clear the cause of the hemorrhages. Is there not a placenta misplaced?—ED.

STERILIZING INSTRUMENTS.

Editor Alkaloidal Clinic:—Why is it that doctors continue to write about and practise boiling edged instruments for sterilization purposes? Common sense should teach them that exposure to heat, moist or dry, above 120° F. takes out the temper and ruins the instrument.

Chloroform is intensely destructive to all animal or germ life. Try it by dipping a maggot, or screw worm in a small quantity of the fluid, or give it in dram or half-dram doses to persons having tape-worm. Death to these is almost instantaneous. So dip your instruments in chloroform for a few seconds, completely sterilizing them without injury.

B. C. THOMPSON, M. D.

St. Louis, Mo.

POISONED WOUNDS OF THE HAND.

Editor Alkaloidal Clinic:—Recently I have had four cases of wounds of the fingers, in which there was septic infection, the palm of the hand being swollen to more than double its thickness, the lymphatic vessels becoming involved and the axillary glands enlarged, with considerable fever and systemic disturbance. Every indication seemed to point to palmar abscess, than which there are few more troublesome things to treat; wounds of the hand in men working in pork-packing establishments being exceptionally troublesome.

Dr. Meigs, in a work dated about 1842, quotes Dr. Physick as saying that a blister over the course of an inflamed lymphatic would speedily stop the inflammation of the vessel. A fly plaster, one inch broad and long enough to go from the distal end of the metacarpal bone of the little finger to the proximal end of the metacarpal bone of the thumb was ordered. After the blister had formed it was to be clipped and the surface sprinkled thickly with a powdered

compound of equal parts of boric acid and acetanilid. In three of the cases the swelling was reduced by one-half by the time the blister drew, and in twenty-four hours they were practically well.

The fourth case was by far the worst. The hand had been greased with vaseline before I saw it and not thoroughly cleansed of this grease, so that it did not blister well; the septic condition had existed for so long a time that I had difficulty in determining to use the blister, thinking that already there might be pus formed. After clipping the small blebs and applying the powder, a large poultice was put over the whole hand, and in three days the swelling was nearly gone and the patient saved from a most distressing abscess. This case was given, besides the local treatment, five grains of ichthyol in capsules, followed by a tumbler of hot water every four hours. Of course in all such cases it is of first importance that the bowels be kept in a solvent condition.

When suppuration has taken place I formerly kept the hand in a hot antiseptic solution day and night. This is troublesome, and besides, the hot solution causes a hyperplasia of the connective tissue elements, especially of the foot.

At this day, both for poisoned wounds and those when much tissue has been injured or the blood supply almost destroyed, we have an apparatus at command that will save for us many a finger and toe that formerly would have been lost. Frequently the blood-supply is sufficient to keep the part alive, if it did not have to furnish heat as well. Now in some of the Betz hot-air apparatus we can keep the member as warm as we wish all the time, and, a matter of great importance, dry as well. This sort of treatment is of prime importance in injuries of the lower limbs.

The injured hand or foot should be kept at a temperature of from 110° to 120° F. In poisoned wounds it is well to raise

the temperature for a short time as high as is compatible with the well-being of the part; but it must be remembered that the injured parts cannot stand so high a temperature as the uninjured.

In such cases calcium sulphide can be administered with benefit, but generally large doses of carbolic acid, given until the urine becomes cloudy, and then the dose lessened to half, or else ichthyol, five grains every four hours, is to be preferred. Both the acid and the ichthyol should be given with copious draughts of hot water. Especial care should be taken to keep the injured parts as dry as is compatible with antiseptis.

W. M. HOLLADAY, B. A., M. D.
Hampden Sidney, Va.

QUININE AND MALARIA.

Editor Alkaloidal Clinic:—There is nothing wrong with quinine if given properly, after preparing the system for it. It is the most abused medicine of all, as it is given for so many different diseases and in all conditions. I would never give a grain of it without first regulating the secretions; and I never allow the patients to go in the air while taking it. My idea is that it must reach the peripheral nerves or skin before it acts beneficially as an antiperiodic. No doubt it is often injurious in large or over doses. Given in malaria when the liver is out of order, I do not doubt its tendency is to still further obtund all the secretions and predispose to hematuria. I have traced the cause to that fact more than any other, but never where they had taken first a proper course of alterative medicine.

Quinine has saved many lives for me, and I still use it and always expect to under the above directions. I have stopped too many congestive chills with it ever to go back on it. In the young, double tertians are sure to kill without its use.

My treatment for enlarged spleen from

malaria is to give calomel, quinine and Dover's powder until effect. Then give elixir of vitriol three or four times daily, largely diluted with water. It will cure it every time.

For seat-worms, say to Dr. Waugh to try from five to ten drops of pure oil of turpentine in a teaspoonful of water, every six hours. For cats and dogs the best way is to use a sort of suppository of same *per anum*. You will remember his remark on them in a former CLINIC.

For pseudo-membranous croup, after giving calomel and ipecac, I have always used sanguinaria with the happiest results. I used the powder with granulated sugar and strong apple vinegar, given in teaspoonful doses every hour or two until effect. It cuts all of the false membrane out.

I would take the CLINIC just for your comments, if nothing more. May success in future as in the past crown your efforts.

W. T. MACNAIR, M. D.

Jarratts, Va.

AN ANALYSIS OF THE (CHURCHILL) HYPOPHOSPHITE TREATMENT OF PHTHISIS.

Editor Alkaloidal Clinic:—The pre-tubercular stage characterized by low vitality, emaciation and general malaise, is due to deficient oxidation. This defective oxidation is caused by the decreased supply of normal biological element (oxidizable phosphorus) which acts by its unequalled affinity for oxygen in storing and utilizing it at the point of nearest contact in the lungs. If the blood does not secure its full quota of oxygen during respiration it passes on deficiently oxidized and produces diseased cells. This condition is progressive; after a time a cell breaks down—probably in the lung—a nidus is now formed for the development and multiplication of the tubercle bacillus, always present in the air. Healthy blood acts as a germicide against the bacilli. This is

why everybody does not contract tuberculosis. The bacilli can only live in diseased tissues. It is evident then that no remedy which does not supply the organism with the deficient element (oxidizable phosphorus, represented by hypophosphites) can restore the oxidation to the tissues. Hence the fallacy of the usual treatment, which utterly ignores the fundamental cause of the condition.

The first requisite to the successful treatment of any disease lies in an intelligent diagnosis. Without this all treatment is unscientific and abortive. In this case the application of the proper treatment is plain. By supplying the organism with the deficient element, oxidation is at once restored at the lungs—the blood being now fully oxidized (so long as the chemically pure hypophosphites are used), healthy tissues are built up, and if the treatment is continued, in proper doses, with the care and discrimination which is absolutely necessary, the diathesis is slowly removed, and from the time the patient commences the treatment there is no progress of the local lesions. Everything depends on a clear understanding of this vital point.

Oxidizable phosphorus (the hypophosphite) not only secures the oxidation of the blood, but is nature's fuel and motive power in starting and continuing metabolic action, which is life. It furnishes the nervous system with its natural stimulant and force, as it is found in the gray matter of the brain in larger proportion than in any other portion of the organism. It restores the functions of hematosis and assimilation. But if any physician thinks that all these results will follow the use of any impure preparation, he will be disappointed; as failure in treatment with the hypophosphites has been the rule heretofore. This is simply because properly prepared hypophosphites were not used; or complex mixtures of them were employed; or doses were given which were far in excess of the

patient's toleration; or other remedies were given with the hypophosphites which prevented their proper action. Churchill uses only single hypophosphites, prepared only in the form of syrup, chemically pure. These must be employed with care and discrimination. Doses must be suited to every individual case, according to the symptoms of the patient. All other treatment must be avoided, except where some accidental complication may occur, such as bronchitis, laryngitis, etc. In such cases the acute disease should be treated upon general principles, omitting the hypophosphite treatment until the complication is controlled.

All the recommendations of Churchill cannot be explained in this short article. Great care in following the rules laid down by Churchill is absolutely essential to success. He is the greatest authority upon this treatment, being the first to use it, and during fifty years' experience in the clinical observation of these cases under the treatment, during which he has cured thousands of cases, he has eliminated, so far as is possible, all errors.

In conclusion the whole subject is a study. Without a clear comprehension of the scientific investigations of Churchill, and a rigid adherence to all of his recommendations, no physician can hope to be successful. For these reasons the profession has largely failed to get results in this disease by the hypophosphite treatment. It is a remarkable fact, that not one physician in a hundred will properly carry out Churchill's method. The whole subject has been carefully compiled (as Churchill's works are out of print) by me. Any physician who has not already received this little work may obtain it by application, if he will send his professional card and request to 156 William St., New York.

It is sent without charge to members of the profession only.

R. W. GARDNER.

New York.

EPILEPSY.

Editor Alkaloidal Clinic:—For ten years I have been absorbed almost wholly as to time in the study of this remarkable and wondrous affection. I had experimented with all cures known to the profession and had found none of them effective.



H. S. BREWER.

The etiology is usually obscure, the diagnosis easy, the prognosis unfavorable in ninety-nine cases out of a hundred.

Within the past four years I have treated some fifty cases after a plan evolved out of my own ideas. These cases are distributed among thirteen different states and territories; one in France. Out of the fifty two have died, thirty have totally refrained from having seizures for two years, eighteen for almost that time.

In order to gain the knowledge that I now possess I have expended a fortune and have received very little in return; for unfortunately all of these patients were more or less poor. I have thought of writing my experience with this affliction for publication, but have refrained for fear it should after all prove a failure; however, one case that has stood the test for eight years encourages me to believe I am at last on the verge of being on the right track.

My treatment is unlike any other that I have any knowledge about. It is applied to the digestive and alimentive process, from which I consider nine-tenths of the causes originate. Witnessing a small baby in convulsions first brought my ideas in the line of digestion and assimilation as a probable cause of epilepsy.

The baby had convulsions from an accumulation of gas (wind convulsions), and that is epilepsy as I find it. While trephining may discover another cause, and there may be hundreds of causes as there are

hundreds of thousands of cases, all can be cured by regulating the diet.

First be sure you have a case of epilepsy, which is a very easy matter to discover; that awful odor before a seizure will surely establish the fact. Administer immediately a thorough cathartic. See that it is effectual. Then wash the stomach out thoroughly with a solution of Listerine and add a little boric acid, as much as is necessary in your judgment. Wash the stomach out in the morning before the patient eats anything, then confine him to a strictly vegetable or cereal diet. Give strychnine sulphate gr. 1-50 to 1-100, according to the age of the patient, before he eats. After the meal give Protonuclein, one dose a day. Keep this treatment and diet up for two years and the patient will be cured. Allow two meals daily, the last being eaten in the middle of the day, with plenty of apples or prunes, or ice cream, as a side dish. Do not give bromides, valerian, asafetida or any nostrum that has been recommended from time to time, for they are absolutely deterrent of recovery.

At first you will have no results that will appear to you. It takes from eight to ten weeks to make an impression, and strict regard must be had to the lavage. No one should undertake to cure a case unless he has the time and the inclination. In order to do good work one must be an enthusiast and inspire the patient with the same.

I am positive that any one can succeed on these lines if I can. The Protonuclein, if good, is a factor; the brand I don't recommend—suit yourself. All I can say is, I may not be much of a physician, although I have been steadily at it for near forty years; but give me fits, "I'm h-ll on fits." (That quotation is not original with me, but is expressive if not elegant.)

Here again in epilepsy verify my conclusions that a vegetable diet is best. All epileptics are meat eaters and big eaters, or their parents were. Abstaining from

meat altogether may be a large factor in the cure of epilepsy, as it is surely a factor in the cure of almost every other disease known to humanity, Brother Epstein to the contrary notwithstanding.

All the boys who are ill at Santiago could, if they would, trace their diseased condition to the microscopic infusion of the government bacon or salt horse. No man ever had the yellow fever who was a vegetarian. Of this I am quite sure, for I have treated many a case of yellow fever.

This article I see is straying, and for fear some one will think it necessary to feel offended and take my expression as a personal affront, I will just stop.

H. S. BREWER, M. D.

Chicago, Ill.

A WISE MAN.

Editor Alkaloidal Clinic:—Any physician, I care not of what medical school he may be, who has read the ALKALOIDAL CLINIC through '97, and seen the neat and elaborate get-up of the first issue of '98, containing the intelligent faces of its editors and ten of its helpers, filled from start to finish with such interesting medical matter, and did not feel as though he ought to spare one dollar to help so able a medical journal to continue in its good and helpful work, would certainly be a very selfish old-timer.

The little Therapeutic Guide by Professor Shaller, purchased some months ago, has given me a desire to possess a copy of Dr. Waugh's book. I like his concentrated style of explanation. It always worried me to be forced to read two or three pages to learn what catnip was, and its physiological effects.

Enclosed please find one dollar as my mite to help the CLINIC through '98. May its circulation continue to increase and its interesting medical matter never grow less, is the wish of an old eclectic.

J. E. WHITSON, M. D.

Cullman, Ala.

SUGGESTION FOR SPERMATORRHEA.

Editor Alkaloidal Clinic:—The July number of your esteemed CLINIC was received by me and read with great interest. There were several communications advising the treatment of nocturnal emissions by drugs, massage, baths, etc. It would not become a layman to criticise treatments which have been used successfully by medical men, but it seems to me that perhaps sometimes the physician relies too much on his medicines. While he endeavors to cure the ailments of the body by material agencies, he sometimes neglects to make use of a curing power which resides in the body of the patient, which informs the body. I mean the soul, the mind of the diseased body.

Bernheim says: "Without the knowledge of the psychic element in diseases and its pathological and therapeutic influence, there are no real physicians, but only veterinarians." The physician who has a great love for his calling and wants to help mankind, can not be satisfied with a simple diagnosis and the right prescription given. He must also study the mind of his patient. Knowing how great is the influence of the mind over the body, he will try to find out in what state of mind the sick person is, whether he is greatly dejected, and then encourage him; or, if he overestimates the importance of some minor symptoms, to instruct him of their little value. In one word, the physician must know how to make proper suggestions in connection with the medicine which he prescribes.

The art of suggesting, or to me the so much hated word "hypnotizing," is studied by the medical profession to a great extent. Many physicians attain by it the best results when they have tried medicine alone without effect. Krafft-Ebing says: "It is deeply to be deplored that there are yet physicians of high rank who, out of ignorance and prejudice, ignore the facts of hypnotic suggestion and thus, to their

own and innumerable patients' disadvantage, do not make use of a curing method of such great importance."

Many physicians take enough interest in hypnotic suggestion, but they dare not use it in their practice for fear of losing their reputation. But they forget that it is not necessary to put the patient asleep in order to influence him by suggestions. A person is perhaps unwilling to yield to suggestions of sleep, but he will submit to any beneficiary suggestions in connection with his ailment. It will take many years yet before the general public will admit the suggestion-treatment pure and simple. But a skilful physician can make use of it without the knowledge of the patient.

The other day a physician of this place was called to a lady suffering great pains. He gave her a morphine injection, which relieved her very little. In the afternoon the doctor was called again and asked by the patient, who was crazy with pain, to administer more morphine. The doctor explained to her that he could not and would not do so because she had received too much of the poison already. The woman insisted and said: "Doctor, I have to die if you do not give me another morphine injection." The Doctor answered: "Well, if you have to die otherwise I guess I will have to give you some more." He filled his syringe with clear water, injected it, and the patient became calm, fell asleep and after eleven hours of sleep awoke without pain.

This remarkable example shows how a skilful physician, when he has the confidence of his patients, can make use of suggestions without the patients' knowledge and without the risk of being laughed at.

As to the treatment of nocturnal emissions, to which I referred, I believe that the suggestion treatment is of great value. I myself have cured a desperate case of nymphomania by the suggestion treatment, lasting for about four weeks. The case was given up by specialists and the patient

was thinking of ending her life by suicide. Today she is happy and healthy. If it is true that the seat of good and bad habits is in the mind, then the mind should be used as the basis by which to begin treatment.

REV. L. F. SCHLATHOELTER.

Moberly, Mo.

—:O:—

Half truths. The seat of habits may be in the mind, or not, or but partially. The psychic element can neither be neglected in pathology and therapeutics nor depended upon exclusively. In one sense the admonition to consider suggestion is most valuable; for many physicians neglect it unwarrantably; in another it is like repeating the multiplication table when one makes a mathematical calculation. Every doctor as a matter of course utilizes suggestion in his treatment, even unconsciously.

But the most vital question is this: What is the ultimate effect upon the doctor's own soul when he begins to use deception on his patients as did the man who injected water for morphine?—ED.

A BUNCH OF QUERIES.

Editor Alkaloidal Clinic:—1. In Query 166 you stated that dilatation of the sphincter for stillbirth was new to you, and this emboldens me to ask your readers if they practise "blowing air" into the nostrils of stillborn infants with a syringe in place of air from the mouth of the attendant, which has been breathed by the operator and is deprived of its oxygen?

2. After delivery, when the cord is tightly wrapped around the child, is it not best to seize the cord a short distance from the navel and sever, then ligate afterwards? I once nearly lost a child by neglecting this and wasting too much time in attempting to untangle.

3. Did CLINIC readers ever try a paste of water, bismuth and carbolic acid, q. s. as a protective and antiseptic dressing for the suppurative stage of erysipelas?

4. Would not CLINIC readers be pleased and profited by being furnished from our alkaloidal depot small bottles of euophen and aristol in petrolatum, and necessary instruments, syringe, etc., for use in endometritis? This saves the doctor time and money and prevents the necessity of his calling on his past friend and present business enemy, the druggist.

5. Is it not about time to have a few additional names with which to designate fevers? "Typhoid" was coined to differentiate between typhus and a then new disease, only new from improved diagnosis. Now is it not time to cease calling all continued fevers malarial or typhoid in sections where malaria is never known, and in continued fevers without the classical make-up of typhoid?

6. Which of the alkaloidal granules are unsafe to give a pregnant woman and which unsafe for a nursing mother on account of affecting the child through the milk?

A woman, aged forty-eight, has phlegmonous erysipelas; left hand, arm and left side. The patient was seized Aug. 17; died Aug. 26. Could anything better have been used for building up strength, tonic for heart, etc., than nuclein, strychnine, digitalin and glonoin, with external applications of whiskey? For the acute stage I used large and frequent doses of the tincture of the chloride of iron and small doses of pilocarpine, gr. 1-16 every four hours; also the usual local applications for erysipelas. Extension and inflammation were soon arrested, suppuration healing, with itching soon established; but the patient was so profoundly affected that it was impossible to keep up her heart-action. Even in the acute stage the powers of the system were so low that the fever was never over 101° to 102° and not that high long.

I have treated severe cases of face and scalp successfully and lately one lady for erysipelas from ankle to waist; for head

symptoms, stupor, etc., I use continuous applications of cold water or ice-water, with happy effects. One patient was so low with this stupor that artificial respiration had to be used and the cold to the head saved the patient.

C. W. H.

North Carolina.

GONORRHEAL RHEUMATISM.

Editor Alkaloidal Clinic:—What is more comforting to a conscientious physician than serving an intelligent, appreciative patient? But, oh, how unpleasant to prescribe for a fool! It is casting pearls before swine; they comprehend it not, and return again into darkness; they do not understand, and snarl at the good and beautiful because it lies beyond their vision and sympathy. Can we hope to lift the deluded mind from the slough of custom and habit to the plain of choice and self-direction so long as the lion feasts upon lamb-meat?

It has come to pass in this once great and prosperous state (Georgia) when the farmers were once the lions and the negroes were the lambs; but now the princely bankers and merchants are the lions and the once princely farmer and his family physician and the negroes have been swallowed up by the aforesaid banker and merchant. These poor tillers of the soil are our patients, and they are often sick and ready to give up the ghost before calling us in, because they have been duped so often they have grown suspicious, and think that we, too, are ready to rob them of their last dollar. But the great trouble is that most of them have been relieved of their last dollar before we see them, and we, therefore, have to "charge it," until the cotton is made and delivered into the hands of the boss. And then, if there is anything left after a settlement with the boss, we may get twenty-five or fifty per cent of our entire bill; that is, if we are shrewd collectors.

This is the true state of affairs as I see it, having lived and practised medicine for the last twelve years in five different sections of this state.

Will some one please give the diagnosis and a remedy? I haven't ordered any drugs for some time; have also let my subscription expire, because these poor patients of mine cannot pay their bills. But find inclosed \$1.00 for renewal of subscription.

Will now report the results of the prescription you sent me in April for a case of sciatica. I must admit that I was deceived in this case, as it proved to be gonorrheal rheumatism contracted before the birth of the child. Although she was a virtuous woman, she had gonorrhea all the same. Husbands that appear as saints are not always what they would have you believe. So after two months of vexation and unsatisfactory treatment, the husband owned up his guilt, and I changed my treatment from shot-gun prescriptions to a Mauser rifle, using antiseptic powder, and firing first at the reproductive organs and then at the blood. When I commenced this last bombardment she could not move either foot or turn over in bed; the extremities were cold and the circulation almost suspended in the legs; the joints were all enlarged and stiff as a cadaver.

All the symptoms of the most severe case of sciatica were present; the temperature ranged from 97° to 102°; the pulse 100 to 140; respiration 14 to 40; more or less hallucination, and absence of will-power; the womb and ovaries were very sore and enlarged; the discharge from the womb very profuse and offensive; the bowels dormant; the kidneys sore and often refusing to act without aid; the urine scanty and scalding, highly charged with waste material; no desire for food, frequent nausea and vomiting; in fact, the most misleading symptoms, present today and absent tomorrow, that I ever witnessed. No wonder some say there is no

specific or certain action in drugs; but I say there is a direct and specific action in drugs; also a dual action; but we do not always know how to get that result. If we did the death rate would be much less and a normal man would not die short of old age; I mean if he is born under physiological conditions he need not die from pathological conditions. I think that I have proven this to my satisfaction on many occasions, especially the case in hand, from the fact she withstood the combined shot-gun treatment and diseases.

Wonderful, isn't it? that nature can resist so much imposition; but when we give the indicated remedy, how beautifully she responds. So it was in this case. I could see the change immediately, and she could feel its happy effect in less than twelve hours after placing her on rational treatment, although the ovaries were terribly involved; and my consultant said she would never recover. She is now able to be about her domestic affairs, nevertheless, and says she feels as well as she ever did.

A few words about the baby and I am done. The little fellow had a siege of boils, combined with otitis, ophthalmia, and stiff joints; in fact, all the symptoms of constitutional gonorrhea. The little fellow suffered agonies, but yielded to sulphide of calcium, before I knew that I was treating him for constitutional gonorrhea. I prescribed the calcium for the boils, but it proved a specific; and he grew fat and well on the bottle, the mother not being able to nurse him. Of course, I used local treatment for the eyes and ears, and for two months the child grew better while the mother grew worse. I didn't put her on sulphide of calcium in the beginning because I did not see the indication as plain, notwithstanding boils appeared in full force on the mother in the final wind-up, while they were in the beginning with the baby.

I will tell you what I did for this poor woman after I learned her true condition

if it is of sufficient interest, but do not ask me what I did or did not do in the beginning, for I could not tell you. I did every thing but the right thing, as we always do when we don't know. The last thing I did was to take a note, payable this fall and the next. This is the way we have to do it down here. I think I will go to Cuba after the war is over.

A. B. COUCH, M. D.

Pelham, Ga.

—:O:—

And after all he doesn't tell us, but leaves us to infer that he cured his patient with calcium sulphide. Or perhaps he considered that he had said it all when he used the indicated remedy. Very good. If we don't know that calcium sulphide is meant, we ought to.—Ed.

SUDDEN DEATH AFTER CATHETERIZATION.

Editor Alkaloidal Clinic:—The patient was a well-preserved man, a farmer by occupation. He was unconscious when I arrived; temperature 104°; respiration 60 and jerking in character; pulse imperceptible; no heart sounds audible; head slightly extended; pupils slightly dilated; slight traces of albumen in urine, by heat test, about one pint of healthy looking urine being drawn; patient groaning every few minutes.

Stimulants were administered without avail, as the patient died half an hour after my arrival. No post mortem was held. The remains were turned over to the Coroner, whose verdict was death from natural causes.

After the man's death I learned that for several years he had suffered from stricture of the urethra, and had been in the habit of passing a sound upon himself. He had come to Cincinnati to go under the treatment of an "advertising specialist," who told me that he had passed a bougie on the man thirty-six hours before, and had discovered seven distinct strictures of

the urethra. However, a number nine soft rubber catheter passed without meeting an obstruction.

During the afternoon of the day upon which the sound was passed, the man evidently had a chill, if reports of the hotel employes are true. During the night following he defecated over the floor of his room and had an involuntary passage of the bowels a few minutes after my arrival.

There were no convulsions during the time I was with the patient; no paralysis, no extravasation of urine. He had never been sick before, and had worked on his farm up to the day he left for this point.

I failed to say that the "advertising specialist" had wrapped the penis in a large piece of absorbent cotton, which was saturated with blood. Has any one an idea of the cause of death?

E. H. PORTER, M. D.

106 W. 7th St., Cincinnati, O.

—:O:—

Sudden death after operation upon the urethra or bladder is not rare; attributed to shock, uremia or suppression of urine. The blood showed that an injury had been done by the passage of the bougie enough to account for the shock.—ED.

HYPODERMICS.

Editor Alkaloidal Clinic:—If you or your contributors can find something to replace infusion of digitalis, tincture of nuxvomica and fluid extract of ergot, to be used hypodermically if necessary, you will confer a very great favor on us.

I would question your statement that the hypodermic syringe could with advantage be dispensed with. You would benefit the majority of us more by teaching us its use.

Since reading the July CLINIC I was called to see a patient, cyanosed, spitting blood, finger-nails blue, respiration oppressed, heart working like a churn dasher,

all due to a leaky valve. The patient improved rapidly after the injection of ether half a dram, strychnine gr. 1-15, and digitalin gr. 1-50. I am in hopes she will enjoy one or two years of life yet.

My letter would be too lengthy were I to tell of the patients both off and on the operating table, who have revived under the judicious use of hypodermic injections.

J. E. HOLDEN, M. D.

Otto, N. Y.

—:O:—

That the hypodermic syringe is of great value I do not deny. Its abuse has been manifested to me, more than to many, by having treated so many of its victims. If you dissolve the remedy in hot water it will be absorbed from the stomach almost as soon as when administered hypodermically.

The granules of strychnine, digitalin and ergotin can be used hypodermically with perfect ease; and the only difference in action from that of the galenicals named is that the granules are safer, quicker, stronger, more uniform, reliable and pleasanter.—ED.

Editor Alkaloidal Clinic:—Enclosed find \$1.00 for a renewal of my subscription to the CLINIC.

Money is scarce and a dollar hard to collect, but I cannot afford to be without the CLINIC. It seems to grow better with each number and I am always as glad to get it as a young man is to get a letter from his sweetheart. I get many good things from its pages and it is worth so much to me that I would not be willing to practise medicine without it. I feel as if I would almost as soon do without a part of my grub. To me the ALKALOIDAL CLINIC is the medical journal, above any I have ever read.

With best wishes for your continued success, I am,

J. M. J., M. D.

—, Texas.

PNEUMONIA JUGULATED.

Editor Alkaloidal Clinic:—I feel that I owe Dr. Abbott a debt of gratitude every time I dispense my granules. I can tell the patient or friends just what the effect will be, feeling as sure of the result as if it were already accomplished. The following experience is an example of my confidence. Not long since I was called to visit a young lady who lived just beyond the city limits. I found pneumonia well established in the right lung. I told her mother if I had seen her twenty-four hours before, I could have prevented the trouble, now all I hoped to do was to stop its involving the rest of the lung. Next day to my surprise I found the lung clearing up, with every prospect of immediate convalescence. The streets were almost impassable from trenches being dug for water-pipes, so I could not drive over them. The mother is intelligent, and I wrote out full directions, telling the results I expected. She was to send me a daily report. Saturday evening the patient came to town to attend a meeting of the Epworth League. Monday, one week from my first visit, the young lady called at my office. I told her I must stop using the granules or I could not make a living; I had lost at least fifteen dollars in her case.

Yesterday afternoon I was asked to call without delay at a house a few doors from mine. I found a man just gasping for breath, two women fanning him; temperature 104° , he had had a chill which he thought had gone to his heart. His pulse was good.

I gave him one granule of hyoscyamine and left six more, with directions to give one every ten minutes, and in an hour I would call as I went to my office and leave other medicine. By that time he was breathing easily; temperature less than 103° and all fear of death removed.

Pardon me for taking so much of your time, but I do not know when to stop if I

have your granules for a text. I could cover pages with similar results. At first I was surprised as well as gratified; now, however, I give them and have no hesitation in telling what their effect will be. The San Francisco agency is a great convenience to me; Mr. Platt is one of the most obliging gentlemen I ever dealt with, as he ought to be to represent the Abbott Alkaloidal Company.

MARY E. LITTLE, M. D.

Nevada City, Cal.

—:o:—

The marvel of it is that the profession has been so long "getting on" to the alkaloids. Purblind, groping among the dry bones of a dead therapy! They have eyes and see not, ears and they hear not.—Ed.

RHEUMATISM.

Editor Alkaloidal Clinic:—I have a case of chronic rheumatism on which I have been putting to use some advice gathered through the CLINIC, which has resulted very satisfactorily.

Mr. C., aged fifty-six, suffered with rheumatism since he was sixteen, served through the late war, though was confined to hospital at times, was taken with an attack of cystitis a few months ago, came to me for relief; was somewhat constipated and anemic, with usual symptoms of cystitis and the old rheumatic troubles. Began treatment with bicarbonate potassium, strychnine, morphine and Saline Laxative with a little calomel, podophyllin and rhubarb, with instructions to use very little meat diet, particularly salty meats; to use milk, drink freely of water and to use hot water baths.

On this treatment he was improving nicely, when, exposing himself, he was taken with quite a severe attack of la grippe, about which time I received some of my first granules; began treatment with aconitine, atropine, codeine, cimicifuga, again using a little calomel, podophyllin and

rhubarb, followed by Saline Laxative and strychnine arseniate. The grip in five or six days was a thing of the past, when I commenced rheumatic treatment. One granule of colchicine, three of lithium benzoate, every three hours; with strychnine, arsenic and iron, three times daily; with baptisin, euonymin, podophyllin and occasionally a little calomel. Instructions to continue the dietetic and hygienic treatment first prescribed. I twice used a small amount of salicylate of soda when rheumatic pains were worst. He stated he got more relief from this treatment, even with the new complications, than any he had received during the whole course of rheumatism.

A. C. BYARS, M. D.

Andrews, N. C.

MALARIA.

Editor Alkaloidal Clinic:—I grappled with this monster for about twenty years in the swamps of Arkansas. The first case I saw was a man in a death-struggle with a congestive chill, as the old doctor who invited me to see him called it. I would have diagnosed it as cholera, or perhaps as did three doctors in a like case in Tennessee, as poison. And certainly they were correct. Ordinary snake-bites are mild in comparison.

Land a man from the Emerald Isle (where 'tis said there are no snakes or chills) on the banks of Black Fish Lake, Arkansas, with the pine water of this wilderness for drink, and angels' food for diet, and if he don't shake the boards on his cabin in twelve months he will prove an exception to his fellows.

Pure water and the best of foods are mighty good things to have and powerful germicides; but all this and good old whiskey to boot will not keep off chills in Arkansas. That's my experience.

This germ theory is mighty popular, indeed fascinating, and may be all right;

but then, I have no experience in bacteriology. I had better get a microscope and post up.

The double-edged swords, mercury and quinine, were the leading weapons of our warfare about the center of this century; however, everybody had a chill-remedy in those days. To forget the chill-time was often more successful than quinine.

Those big spleens! The first one I saw I confessed I could not tell what it was, as large as a good-sized cheese or water-bucket.

But I did not intend writing a thesis on this malarial devil.

I was reading Dr. Hale's article in the April CLINIC, page 223, on pure water as a prophylactic, and I simply wish to dot an observation.

In this Western Texas of pure lime water and locally comparatively free from malaria, when the wind blows from the northeast over the swamp country for any length of time, people have chills as far west as settled. I thank Dr. Hale and all who help to conquer this deadly enemy to our beloved Southland, for he is allied more or less with all other germ enemies.

I would like to try malarial antitoxin with the pure water theory.

N. KETCHAM, M. D.

San Saba, Texas.

CORRECTION.

Editor Alkaloidal Clinic:—Please correct July number, page 434, first column; change "hyoscyamus" to "dynamine;" in second column, "œnothera" to "œnanthe crocata."

Tennyson is not the name I wrote in connection with lines quoted.

Long may you prosper.

F. MILTON FRIEND, M. D.

Lamar, Colo.

—:O:—

But Tennyson was the author.—ED.

A WORD OF CAUTION TO THE MEDICAL PROFESSION.

Editor Alkaloidal Clinic:—To ensure perfect purity and accuracy in division of the Buckley's Uterine Tonic, I selected the Abbott Alkaloidal Company of Ravenswood, Chicago, with Dr. W. C. Abbott, the talented physician, editor, and manager of the Alkaloidal Company at its head. I have offered the remedy to the whole profession alike and have made known its formula so that all might know just what weapons they are wielding when using it, and also that they may be enabled to prescribe it according to the fundamental laws of Dosimetry, i. e., surely, expeditiously, and safely as well as agreeably.

These laws, resolving themselves as they do into a "question of opportunity," it is indispensable for physicians to have the opportunity, among other things, of obtaining the remedy pure and unadulterated. This can be done through the company above named. Now physicians can go to work upon each fitting case as it presents itself, attack the symptoms or the conditions of the patient and in the greater number of them anticipate organic lesions, and thus be enabled to "observe a proportionate increase" in the confidence of families as regards skill. Not so with those so-called "Buckley's Uterine Tonics," made and sold by pretenders to accuracy, purity, genuineness and authority. No! No! I have heard from these "Cheap Johns" and sophisticaters, etc., of the B. U. T. Physicians have reported their trials of these goods and found them wanting—about as reliable as "so much sand."

Helonin, one important principle in the Uterine Tonic, is derived from a not plentiful plant which is often adulterated on account of its high price and scarcity. What must be the active principle derived from such? "Cheap Johns" must use inferior goods or some other of low worth. All physicians know, if they but stop and think

for a moment, that resinoids must be, to be reliable, from plants grown in proper soil, perfectly matured, gathered at the proper time and properly preserved; that light, heat and other influences are necessary for their growth and perfection; and that, besides all this, they must be pure, unmixed or unadulterated and their chemistry must be well understood and the art of bringing the true representatives of the plant into tangible shape, perfectly preserved, before they can be of sure utility in therapeutics; and, last but not least, that the formation of them into granules is an art as well as a science. To be satisfactory, granules must be accurate in division or they will not be reliable in their action, as at one time they will act in one way and at another time in another way. They must be rapidly dissolved in the stomach, or we will fail to get their effect in time, and accumulation will follow. They must be prepared without gum or other substances that harden them and render them of no avail. They must also be, to be pleasant, small and neat, to attract rather than disgust the sensitive taste of the patient. In fact they must be purity and excellence combined. They must be guaranteed to the physician to be all this, just what they are represented to be, and no others should be used. They should be authorized, as these goods are, and they must not be tampered with by those who have no right to handle them.

The Abbott Alkaloidal Co., above mentioned, is the only authorized maker of them. All the rest who use the word "Buckley's" are like the man who has grown rich at the expense of others; who gets as much service as he can for little or no pay, taking advantage of the necessities of others, their hunger, their nakedness; who buys for the ruin of others, and sells for his own profit; who sells a few things cheap as a bait to catch customers, that he may sell many things dear; who misrepresents the qualities of the articles he

deals in, sells shoddy for honest texture, gives glucose for sugar, oleomargarine for butter, mixes lower and higher grades, adulterates every substance that will admit of it and sells it for genuine. Alas for the patient and for the physician who become the recipients of the medicaments of these whose maxim is "Get money; honestly if you can, but get it."

W. C. BUCKLEY, M. D.

Philadelphia, Pa.

OIL OF CINNAMON.

Editor Alkaloidal Clinic:—The oil of cinnamon has been used in a few isolated cases of recent wounds. Wishing to give it a thorough test I began its use in my Bellevue surgical service this summer. The result has been most satisfactory. In recent wounds, incised or lacerated, it did not fail in a single instance to give good results. The *pure oil* should be used and of the strength of eight drops to the quart of distilled water. It was used in cases of infected wounds in all parts of the body. Pus cavities were thoroughly syringed out with this solution instead of H^2O^2 .

The following out of the multitude of cases in which it was used will suffice to show that it is not only a safe and pleasant remedy, but at the same time efficacious.

Case I. R. O., badly infected wound of the thumb, incised, syringed with H^2O^2 and packed with iodoform gauze for one week; no improvement; tendons sloughed and had to be partly removed. This case was under observation for two months, and was dressed every other day and the dressing kept constantly moistened with the solution. Result: healed with non-flexion of the thumb.

Case II. G. C., artist, extensive wound of the head, infected ten days before applying for treatment. The quantity of pus under the scalp, radiating from the original wound, necessitated the making of the

incisions, one and a half inches long. No improvement could be noticed after six dressings with iodoform. The infected area now occupied nearly one-half of the whole surface of the head. Two more incisions were necessary. The cinnamon solution was freely syringed under the scalp and then dressed, with a liberal supply of gauze kept constantly moistened with the solution during the intervals of dressing. Treatment continued from March 27 to May 22; discharged cured.

The conclusion arrived at with reference to recent wounds, incised, lacerated, contused, etc., is that the cinnamon solution gives the most satisfactory results.

F. SOPER, M. D.

444 W. 43d St., N. Y.

—O:—

Turck uses oil of cloves to spray the stomach. The aromatics have long been popular as antiseptics and to them Listerine owes its efficacy. There is evidently a growing tendency towards the recognition of the volatile oils as occupying an important place among the practical antiseptics.

—ED.

NITRIC ACID AS A DIURETIC.

Editor Alkaloidal Clinic:—Noticing an important article on "Urinary Insufficiency" in the current number of the CLINIC, and having for years made a study of this point, I would like to say a word. I have tried everything and have had no end of such cases; the only remedy which proves entirely satisfactory in my experience is dilute nitric acid, c. p. To insure success it must be given in five-drop doses, well mixed in water, three times daily. There is no objection to adding some syrup to it and flavoring it in any desirable way, but it acts quite as well without this. I myself prefer nitric acid, 1x, prepared at the Homeopathic Pharmacy. I think it agrees a little better with the digestion.

I have known nitric acid in one day to

increase the amount of urine passed first in the morning from two to sixteen ounces without any ill effects whatever. Incidentally it will clear the urine of albumen and will relieve too great frequency of action. In cases where there is malaria I find nitric acid in time will root out the malarial tendency. There would not be sufficient space in one issue of the CLINIC for me to detail my experience and observations, which extend over a period of years. I may add here that old Dr. Colt, who celebrated the fiftieth anniversary of his practice in Brooklyn, N. Y., before he was called up higher, once told me that he believed no one need die of Bright's disease if this simple remedy could only be given in time.

E. BERDAN, M. D.

Patterson, N. J.

ONE FROM LAST MONTH'S HUNDREDS.

Editor Alkaloidal Clinic:—Through your kindness I have received at different times several sample copies of the CLINIC but have never been so impressed with the theory of alkaloidal medication as of late. I have recently borrowed and read several consecutive copies and am sufficiently interested so that I think I shall try the method myself. I am thoroughly disgusted with the old way, so much so that I have been tempted more than once to quit practice. With the alkaloidal method the way seems clear, and if it goes with the same ease with me that it does with many of your contributors, there must be some pleasure in the practice with the little "giants."

S. T. A., M. D.

—, Kans.

—:o:—

Doctor, we trust that you will find the practice of dosimetry both a pleasure and a profit, that you will enjoy the CLINIC and the great CLINIC family so that you will long remain with us. Let us have your queries and we will try to help you; let us

have your comments and experiences for the benefit of all concerned.—Ed.

Editor Alkaloidal Clinic:—I enjoy the ALKALOIDAL CLINIC so much that I want my friends to come in too. Kindly send sample copy to Jas. E. Holden, M. D., Cataraugus, N. Y., and oblige

Yours truly,

PHILO CHESBROUGH, M. D.

CRAMPS FOLLOWING SNAKE-BITE.

Editor Alkaloidal Clinic:—I was called to see a widow, aged sixty-five, suffering with cramps. The following history was given: Fourteen years previously she was bitten by a rattlesnake which struck her twice on the left ankle. Within five minutes she drank a pint of turpentine. This acted as an antidote, as she recovered seeming no worse for her experience, except that she was subject to periodical cramps in the legs.

Five years later she discovered a rattlesnake's fang an inch long protruding from the opposite side of the ankle four inches above the bitten spot. She had had the cramps twice a week, for which she had taken eighteen bottles of "sarsaparilla," the cramps becoming much less frequent. They last from one to six hours, and as they cease the limb becomes the color of the rattlesnake. She chews taraxacum and keeps an issue open behind the ear to keep the cramps away.

I gave her a granule each of hyoscyamine, gr. 1-250; codeine, gr. 1-6, every fifteen minutes for six doses and then every half-hour till effect. Speedy relief ensued. She is now going about her work.

The cramps begin in the toes and ascend to the stomach.

ARNOLD E. ERLING, M. D.

Misha Mokwa, Wis.

—:o:—

The nature of the attacks is not clear. Are they muscular spasms or localized epilepsy? The appearance of one of the

fangs renders it probable that its mate is also embedded in the leg. What a curious thing—to spend \$18.00 for patent medicine instead of getting a surgeon to look at the wound and extract the fangs. The use of turpentine is as rational as that of alcohol, and neither is of certain utility except in the way of restoring the courage.—ED.

MISCARRIAGE.

Editor Alkaloidal Clinic :—On December 17, 1896, I was called to attend a patient forty-five years old about six and a half months with child. Her personal history was as follows: She had borne seven children, one prematurely at eight months, the child being healthy and grown up; some three years ago had severe gastritis, since which she suffers from intestinal and abdominal pains and cannot digest meat. She had congestion of the lungs and now has a soft loose cough, with hardly any expectoration. When I reached the patient I found her suffering from true uterine contractions, at intervals of about six to eight minutes. I found the os dilated to the size of a fifty-cent piece, and flaccid; the cervix had been lacerated so much that a flap lay over the os, which made it some moments before I could distinguish the condition of the parts; no hemorrhage; head small, just beginning to settle into the pelvis; pains came on regularly all day, dilatation steady but very slow; patient complained of never having been so long in pain. Although I gave her morphine hypodermically I was convinced from the first that a "miss" was inevitable from the steady and regular character of the pains, the dilatation and the way the woman felt, viz: as if the fetus was a foreign body and it would be a great relief if everything came away.

At 12:15 the membranes burst; the child was born in the first position, rotation being very slight. The infant was pur-

ple; no respiration. I hung it by the ankles, head downward. After some time I got gasps, using the usual remedies, artificial respiration, hot and cold water and slapping with one hand, but always keeping the child hanging head down. Finally it came to and got red instead of purple. I concluded not to wash the infant. An infant can form a little heat, but only very little, in its small economy. If you heat it before a good fire and then wrap it up in thick blankets it will remain hot a long time and survive, but wrap it up cold and cold it will be until you warm it. So I warmed it and wrapped it up, leaving washing till the morrow, to the nurse's utter astonishment, and it is living and well yet. Its weight was three and a quarter pounds.

Now I turned my attention to its mother. The uterus was well contracted for an eighth child, the woman feeling more comfortable, with no pains; waited half an hour; tried Crede's method, no go; tried several times; awaited a pain; tried again, forty-five minutes; finally another gentle trial. I used no great force; I never do. Placenta gradually came, but got no further than external genitals; on following the cord it still seemed to pass on into the uterus. At first I thought the membranes were gripped by uterine contraction. After a time I found things just as firmly held, so passed my hand into the uterus. It was irregularly contracted; the left side of the body was flaccid, adhesions preventing much contraction. This was the side which gave so much pain since the inflammation some years before. Luckily the placenta was in the right upper corner, and at the posterior wall I found a mass of placenta the size of two oranges firmly adherent. I peeled it off with my finger tips. This portion of the uterus was firmly contracted, hence there was very little hemorrhage; but it gave me trouble in getting even two fingers into the right corner and clearing

out the adherent membranes and remaining bits of placenta. However I did it quickly and then cleared everything into a vessel for further inspection.

Meanwhile she began to show signs of shock, pallor, thirst and loss of muscular power, queer light feelings through her head and deep sighs. I gave immediately a carbolized intrauterine douche at 100° to 110°. This quickly brought her around. The uterus was well contracted, therefore I gave no ergot. I seldom give ergot unless the uterus seems flabby. I have tried it in a large number of cases and abstained from its use in an equal number when acting as house physician to Women's Maternity, Montreal, and I never found that it made any material difference except, as I said, where the uterus is flabby, and I believe that its routine use is only an abuse. The after-treatment consisted in a tonic and an intrauterine carbolized douche daily for eight days. With the exception of a headache she has been feeling well and is now up and around.

I should say that before this she suffered with intense oedema of the lower extremities and was given cream of tartar water by one physician. This relieved her somewhat. In this doctor's absence a week before, when the pains started, another doctor was called. He came and from what I can learn did nothing, but still relieved her in a different way, viz: of the cash put by for the occasion.

Upon examining the placenta and membranes the first thing I noticed was that the placenta was all degenerated, especially around the margin, which was interwoven with white fibrous tissue. That portion directly in contact with the maternal structure was soft but friable, and a piece about the size of a large orange had become detached from the middle of the placenta and left a deep, clean hole, whose base was also a mass of degenerated fibrous tissue. This extended all

over the fetal side. A chronic congested condition of the membranes had also existed. This accords with Dr. Buckley's able letter (See December number, 1896, page 459) where he says that there is congestion in all forms of inflammation; and also that chronic inflammation involves a comparatively longer time, the irritation at no time being strong enough to destroy the morbid products and cause their removal, but only to build fibrous tissue.

Here the fibrous tissue in the placenta had so affected the circulation of the parts dependent on it, that the veins running in the membranes were varicosed, so that in many places they were three quarters of an inch in width, presenting a curious spectacle when held up to a light.

The miscarriage was therefore, I think, unavoidable, due to a degenerated condition of the placenta caused by chronic inflammation or irritation, setting up the formation of fibrous tissue. This must have interfered with the nourishment of the child.

Now another question arises: What caused the irritation that produced the fibrous degeneration?

Well, firstly, we have a history of septic inflammation of the uterus, with the formation of adhesions and frequent ovarian irritation and pains since.

Secondly, we find a very much lacerated cervix, with formation of fibrous tissue.

Thirdly, we have a patient aged forty-five years who has now borne eight children.

H. E. DENNY, M. D.

Shediac, N. B.

Doctor, when you send your renewal we shall appreciate it if you will send us the names of some of your friends that you think would be interested and pleased to see a sample copy of the CLINIC. We will give you credit for having mentioned them. Do not forget it.

GOOD WISHES.

Editor Alkaloidal Clinic:—I have been a close reader of the CLINIC for the past two years and consider it one of the best medical journals in the land. It contains more good, sound logic and practical ideas to the square inch than half a dozen other medical journals combined. At times I have really felt a little sneaky, to think I would accept of so much valuable reading matter for the small sum of one dollar a year, when really each issue is worth the money. And right here let me suggest to the CLINIC family to put forth an effort to collect some very doubtful account they have on their book, for we all have them, and invest one dollar of this in a year's subscription to I. N. Love's *Medical Mirror* as a running mate to the CLINIC. With two such journals and two such editors at their side one need have no fears of the pangs of death or the vile tongue of opposition. I suppose the editors of the two journals are no kin, only through Adam, but they are so alike, in that they are fearless, conscientious, brainy thinkers; both being strong believers in the principle that it is right to have modern furniture on the upper floor, provided the ground floor is well stocked with good horse sense.

Along this line Dr. Love of the *Mirror* very nicely suggests that the surest and quickest road back to health is over the big four route, namely, elimination, disinfection, nutrition and tranquilization. Were I to be real sick with pain and fever, and only learn that Dr. Love or Dr. Abbott either one had passed through my town, I would soon be convalescent; for I'd feel that their presence had had a germicidal effect upon all the microbes in the surrounding atmosphere.

Dr. Abbott, I am anxious to know more of Alkalometry, for I really believe it to be the only safe and sensible system of medicine. I am going to supply myself with Waugh's "Treatment of the Sick" so as to

become more intimately acquainted with the CLINIC family, and quit signing death certificates, that oftentimes should have been signed by some druggist, giving as the cause of death substitution of impure drugs.

I consider the CLINIC family all good, and the especial role that Dr. Epstein plays is a very important one. Some of his criticisms are clinchers. May he ever keep on hand a good supply of Aulde's Nuclein, to sustain him in his declining years. May the CLINIC continue to prosper and brother Abbott's shadow never grow less.

W. J. REAVIS, M. D.

Evansville, Ind.

PLEASED WITH THE CLINIC.

Editor Alkaloidal Clinic:—The CLINIC being handed me last month incased in a pink wrapper is sufficient notice that my subscription period has expired, and I take pleasure in embracing this opportunity to inclose you a dollar for renewal, with the hope that my name may be replaced in your list in time to receive this month's issue. I feel that I cannot do business without the CLINIC and the greatest pleasure I know is spent in the perusal of its pages. I find it brimful of science and common sense as well.

I am young in the profession as well as in years, being a graduate of '97. Soon after the receipt of my "sheepskin" a copy of the CLINIC fell into my hands and it struck my fancy at once as being just the thing. Under this impulse I sent in my order for the CLINIC and premium case of granules and must say I have had some excellent results from their use. I do not always use them according to your instructions, but according to my own ideas. I like them especially for their accuracy of dosage.

Some may say the CLINIC is an advertising scheme, but if this be true I say let there be more of the same kind and the profession will be all the better for it.

Your plan of making it a semi-monthly is a good one and I only hope it may be consummated in the very near future. If the many pink wrappers spoken of in the last issue are not followed by renewals it is either because people do not read or cannot appreciate a good thing.

The new cover is a fine combination of colors and hard to beat. It is pleasing indeed to see that our busy editors have a little time for patriotism.

FRANK SPILMAN, M. D.
Andersonville, Indiana.

**HAGEE'S CORDIAL OF COD-LIVER OIL
COMPOUND IN CHRONIC ADENITIS
WITH OTORRHEA.**

Editor Alkaloidal Clinic:—November 15, 1897, I was consulted by Mr. C. as to an annoying discharge from his left ear. He was thirty years old, married and of frail development; occupation, stenographer and secretary to the President of the United States.

For several years he had had marked enlargement of the lymphatic glands of the neck, involving the mastoid, parotid, submaxillary and superficial cervical groups of each side; he had submitted to excision of the tumors as they occurred, and at the time stated there was no marked enlargement. There were no constitutional symptoms; there had been no suppuration; there was no fever, hypertrophied tonsils or adenoids in the naso-pharynx; teeth good; no involvement of the axillary or inguinal lymphatics; there had been no caseation, and fibrous tissue seemingly predominated.

The history had shown marked exacerbations; the tumors had reached usually the size of a butternut when excised; the general nutrition was fair.

About five months before he had noticed a wasting of serous liquid from the ear; it followed an operation for the removal of an enlarged gland.

The patient was placed at once upon Cordial of Cod-liver Oil (Hagee), a tablespoonful three times a day. Warm antiseptic solutions of bichloride of mercury, 1 to 2,000, were instilled into the ear after syringing, daily for ten days. At the end of this time the patient pronounced his ear well. Examination showed a small perforation of the ear-drum, which soon closed after the use of a solution of silver nitrate, gr. x to one ounce.

The patient was instructed to continue the use of the cordial, which was done with some irregularity to February 1. He has now no loss of hearing; no further discharge from the ear; he has gained about ten pounds in flesh; his cervical glands are nearly normal; he feels very considerably improved.

An interesting feature of this case is to decide whether the suppuration from the middle ear was "a coincidence," or whether it was due to a breaking down or caseation of a minute lymphatic gland therein, and if it was the latter, what group or gland was so involved. The alterative effect of the cod-liver oil preparation was very marked in this case and deserves special notice.

WM. C. BOTELER, M. D.
Washington, D. C.

—:o:—

Do not conclude too hastily that these preparations of morrhual are useless because they contain no fat. I have found them powerful reconstructive tonics in their own right.—Ed.

Editor Alkaloidal Clinic:—The case and samples came all O. K. yesterday. Accept my hearty thanks and rest assured that thus far I have found no cause for slacking my zeal in the rifle-shot method which I think is to be the medical stone cut without hands to fill the wide-awake medical universe.

Yours respectfully,
J. M. TRUE, M. D.

INJECTION TREATMENT OF HERNIA.

Editor Alkaloidal Clinic:—It seems that I did not make my meaning quite clear in some of my statements in the article upon "Hernia" in the July



W. H. WALLING.

CLINIC. As I cannot undertake to answer each correspondent personally I take this method of meeting all the demands for further information.

All forms of reducible hernia, as stated, are amenable to this treatment. Inguinal hernia in the female is to be treated much the same as in the male, i. e., first reduce the hernia and then proceed to close up the opening and canal with the fluid. There is this difference in the treatment, however in the female; do not use the trocar and canula needle but use the small plain needle and pass through the skin and fasten to the opening in the abdomen or inner ring if you please and then make an injection of from three to five drops of the fluid; gently massage the parts and after waiting for say ten minutes adjust the truss and allow the patient to go home.

The interval between injections should in all cases be regulated by the amount of reaction developed. Sometimes I allow two weeks to elapse, but as a rule one in every seven days is allowable.

Femoral hernia in either sex is to be injected above Poupart's ligament, never below it, first having reduced the protrusion if out:

Umbilical hernia if small may be treated by injecting around the opening, following the same rules as for the others.

In all forms except direct and indirect inguinal hernia in the male, use a small plain needle and pass directly through the tissues to the opening.

The truss is to be fitted first in any case, then removed and the injection made,

when it must be replaced before the patient arises from the chair and as before stated it must be worn constantly in all cases during the waking hours, and in some at night also.

When treating oblique inguinal hernia we know when the inner ring is reached by the depth to which the needle is inserted, the whole needle being engaged. By following the canal as directed in the first article and by the use of the trocar and canula needle as there outlined no harm is done to the cord. The fluid does not affect the cord, neither is there any danger of peritonitis, as the fluid does not enter the abdominal cavity.

After the sixth injection let the patient stand, take off the truss and carefully examine the parts. The patient may give several short coughs, when the impulse on each side must be noticed and compared.

If there be any signs of a protrusion at the seat of the hernia make one or two more injections and after a month's time again examine the parts. They should be healed if the injections have been properly made. I stated in my former article that from eight to twelve injections were necessary. I should qualify that by saying from six to eight. Many will be cured with less. It all depends upon the skill in operating and the size of the opening.

Can any one operate? Yes and no. Anyone may be taught to operate, but some could do so after carefully reading the directions. It is much better however to get practical instruction in the method.

Why may not one injection be sufficient provided a fluid be strong enough or enough be used? It might be done. So also might you kill your patient. I know of several such cases where death resulted from unsafe fluids. We do not want a severe inflammation. It would be very easy to induce it, but it would not only be dangerous, but it is unnecessary. What is

wanted is to effectually seal up the canal with a non-absorbable exudate, and that is just what is accomplished with the fluid devised and used by myself and hundreds of others for the past five years with perfect safety and satisfaction.

W. H. WALLING, M. D.

Phila., Pa.

ZINC AND CODEINE COMPOUND IN TYPHOID FEVER.

Editor Alkaloidal Clinic:—I have been using the Zinc and Codeine Compound in continued fevers with excellent results; in fact I find it indispensable in my treatment of such cases. I think the compound sulphocarbates of lime, soda and zinc (the W-A Intestinal Antiseptic) would make a good combination with the Zinc and Codeine Compound.

DR. H. H. H.

—, Ga.

—:O:—

We are pleased to note your interest in this most excellent preparation devised some years ago by Drs. Shaller and Abbott. It has stood the test and proved itself to be even more than was ordinarily claimed for it. A combination of all kinds of fevers, in the same prescription or in alternation is excellent treatment and can be fully recommended.—ED.

TREATMENT OF CONTINUED FEVERS.

Editor Alkaloidal Clinic:—In looking through the different medical journals that I receive, my attention was directed to an article in the ALKALOIDAL CLINIC, read before the Illinois State Medical Society, on the jugulation of all kinds of fevers, especially those of a zymotic origin. The boldness and aggressiveness of this paper and the earnestness of the author impressed me so much that I determined to give the remedy mentioned therein (Viskolein) a fair and impartial trial, and with that end in view I wrote for samples at once.

The samples sent me have been faithfully used and the result has been most gratifying. I will report two cases which are fair illustrations of the many in which Viskolein has been beneficial.

Case No. 1—I was called to see Mrs. B. W., aged sixty, on the afternoon of June 6, 1898; found her in bed, restless, having had irregular chills for three or four days; frontal headache with giddiness; pain in back and limbs; furred tongue with nausea; abdominal pains; lips parched and dry; mouth slimy; great thirst and loss of appetite; marked tenderness in the right iliac fossa; some tympanitic distention; gurgling on pressure in right iliac fossa. Further examination showed a slightly enlarged spleen; bowels inclined to constipation; skin dry and hot. Temperature on the afternoon of the 6th, 104°, as chart will show. Here certainly was a case of typhoid fever, all the symptoms being well developed and marked; patient weighing 187 pounds, a good case for a long run, or, in other words, plenty of fuel with which to replenish the fire. Here was a typical case for Viskolein, and my determination to push it hard was put into effect at once.

I first cleared the bowels with Abbott's Saline Laxative, and then gave her one tablet of Viskolein every three hours and one capsule every three hours, alternately; also a hypodermic injection of the fluid, 10 minims in 10 minims of boiled water every six hours. On the 7th there was no visible fall in the temperature, but the patient had had a fair night; was not so restless; pulse 110; respiration 20. I kept up the tablets and capsules every three hours, and increased the drops of the fluid to 12 in 12 drops of boiled water, every six hours. On the third day the temperature took a decided drop, and the case went on to rapid recovery. The result was remarkable, considering the extremely high temperature at the beginning. I will add that after the temperature became

normal I kept up the capsules every six hours for five or six days. I believe this should always be done to avoid the possibility of a relapse. If failure follows, I believe it is because the treatment is not pushed or is discontinued too soon. No other treatment was used in this case except to keep the bowels open with the Saline Laxative and to give a morning and evening bath. For nourishment I gave her Carnrick's Soluble Food, which gives me the best satisfaction in fever cases. Experience teaches me that Viskolein will do all that is claimed if administered as directed.

Case No. 2—This case had all the symptoms of malarial fever; temperature on the 20th, 102°. On the evening of the 20th I gave her 12 drops of Viskolein, hypodermically, and a capsule and a tablet every four hours, alternately, and moved the bowels with four grains of calomel. The patient made a rapid recovery. I continued the capsules every six hours for five days and then pronounced my patient safe. I used the hypodermic only once in this case.

CHAS. B. WEEDMAN, M. D.
Nova, Ohio.

PASSIFLORA AND ECHINACEA.

Editor Alkaloidal Clinic:—The physician who is not acquainted with the merits of passiflora and echinacea is missing some of the pleasure of getting the desired result from medicinal administration.

I have used Daniel's Concentrated Tincture of Passiflora in nerve irritations and convulsions of childhood, with marked beneficial results. Given for insomnia of a nervous type, when something soothing and harmless is necessary, it will please the one who is so fortunate as to resort to its use.

No "drugged" sensation follows its administration; altogether it is one of the surest acting, most harmless nerve-sedatives I know.

In insomnia I always try brisk friction of the lower limbs from the knee down; a cup of hot water or milk often quiets the restless patient into a natural sleep, without resorting to any medication whatever.

Echinacea is destined to be one of the successes of recent additions to our armament. It is indicated in all toxic conditions of the blood, and the more malignancy present the better it seems to do the work. In two recent cases of typhoid fever I obtained most excellent results from its use. After cleansing the intestines by small repeated doses of calomel and bicarbonate of soda, I put from two to four drachms of echinacea in half a glass of water and directed a teaspoonful every two hours.

Passiflora, about half the proportion of echinacea, was added when extreme restlessness called for it. The dose was the same, and the result surprised me. Sulphocarbolate of zinc was given in addition, in sufficient quantity to limit the bowels to about three or four movements daily. I am aware that one swallow does not make a summer, but the same pleasing results were obtained in another case. Here however gelsemium, being strongly indicated, was added. Tepid baths containing Listerine were employed; and turpentine and lard, equal parts, were applied hot over the bowels for soreness.

Echinacea has served me well in threatened septicemia following retained placenta.

DR. L. A. BARBER, M. D.
Mars, Pa.

Editor Alkaloidal Clinic:—I received your premium pocket case and value it very highly, thinking it to be worth the full price of the journal. I feel like the journal comes free to me and find it very handy. I have had good success with the tablets. Every physician should have some.

S. E. S., M. D.

—, Kans.

AN INTERESTING EXPERIENCE.—A GOOD LOCATION.

Editor Alkaloidal Clinic:—I have concluded to write you upon some of my experiences with a diseased rectum. Several years ago I had a fissure and a handful of hemorrhoidal tumors and hypertrophied tissue around the anus, enough to fill a good-sized teacup. I consulted Dr. Kelsey, of New York, by letter about my condition, and partially made arrangements with him to operate for a radical cure. A day was set, but about a week before I was to leave for New York, he wrote me that I must be sure and get there upon the day set, for the next day he was to sail for Europe.

I looked upon my case as too serious to have him operate and then skip out and leave me to the tender mercies of his assistants, and so gave him up for a Dr. Martin, who removed the piles and cured the fissure. Dr. Martin wanted to have me stay in Philadelphia and have this superfluous mass, which was outside of the sphincter muscle, removed by another separate operation. I could not be away from home so long at that time, and as I suffered no pain at stool I put off the operation until this summer. The only inconvenience I have suffered from this unsightly mass of tissue was the very offensive secretion from it, and sometimes, if I did much riding, would become chafed and sore.

Had I followed Dr. Martin's advice and staid in Philadelphia until the wound was healed, I should have saved a great deal of suffering. I started from Philadelphia soon after the operation (operated upon at 10:30 a. m., and left on the 8:45 p. m. train) for Chicago. As the night was quite cool I caught a severe cold, which caused me to cough and sneeze a great deal, and every time I had these paroxysms of coughing and sneezing it tore the wounds of the rectum open and gave me so much pain that I was obliged to use my hypodermic syringe (morphine gr. 1-4; strychnine gr. 1-120), nearly every night for two

or three weeks. If you know anything about the unpleasant effects of anodynes upon me you can appreciate something like the condition that my nervous system is in at the present time. I have been fearful that my rectum trouble might turn out to be a cancer, although Dr. Martin assured me it was not.

It has rained every day but four since our return—a month ago—and everything is growing finely.

I want to trade my drug store, house, horse, buggies, practice, etc., with some one in a northern state that has weak lungs for about the same outfit.

W. C. DODGE, M. D.

Mount Dora, Florida.

—:0:—

It may be of interest to our readers to know that the man whose sufferings are above outlined is the one to whom indirectly you owe the CLINIC and all that goes with it. Your editor was an obscure physician in a New England town when advised by the doctor to come to Chicago and take up his work and allow him to seek renewed health in a warmer climate. This has been accomplished and now the doctor wants to dispose of his property in Florida and move to some other point. If any of our many readers see in this opportunity anything that is attractive, they should at once write the doctor. Whatever he tells you may be relied upon.—ED. A.

PLEASED WITH THE CLINIC.

Editor Alkaloidal Clinic:—"Enclosed find one dollar renewing my subscription to the CLINIC.

I like your "close touch" with CLINIC readers. I want to study the alkaloidal method. I want the best, and try to study all methods, not with a view of confirming former notions or views but for the better, fuller, and if possible the whole truth.

J. M. TRUE, M. D.

Cedar Rapids, Iowa.



CONDENSED QUERIES ANSWERED

The great amount of material that has over-crowded our "Miscellaneous Department" in the past, renders the establishment of this new department a necessity. The essentials of a long letter can often be put into a few lines. Many have important questions they would like to ask but do not for lack of time to write a "paper". It is for just these that this space is given.

Queries coming to this department prior to the 15th will be answered in the issue of the month if possible, and if your editors do not feel able to give the information desired, the point in question will be referred to some one who is; while at the same time this, as well as all other departments, is open to the criticism of our readers. Free thought and free speech rule in the CLINIC family.

Query 213. A LADY, 50, has a nervous twitching of the right eyelid, at intervals of one to four hours, lasting a few seconds. Will electricity help her.
W. P. H., La.

Have the eyes fitted with glasses. Examine the teeth, as the cause of the reflex irritation may be there. Give internally muscarine, cicutine and digitalin, seven to ten granules each, every day. Keep the bowels free and clean. Let us hear the result. It may be well to give her glonoin granules, to take one whenever the spasm occurs. Write to the McIntosh Battery Co. and ask for their experience in electricity for this ailment. You can rely on their statements; they will not say a thing simply to sell goods.—Ed.

Reply to Query 53—It would afford me great pleasure if J. F. E. would try the vegetarian diet. I see you advise Cottingham's Nasal Irrigator. What is the remedy? Did you ever try acetanilid insufflations? I surmise you have found as a result, as I have done, Meniere's disease. I believe cocaine and menthol as nasal remedies equally damnable. I have apparently a similar bottle to Cottingham's. The remedy recommended is hydrogen peroxide. I could not see a particle of real benefit accruing from its use. I am ready to sell my bottle complete for a nickel—it cost me more. It would afford me pleasure to know J. F. E.
A. W. RINGER, M. D.
No. 1633 Freeman ave., Cincinnati, O.

It would be well to try atomization of Glycozone in atrophic cases.—Ed.

Query 214. A case I can relieve but cannot cure. Girl aged fifteen, health and appetite good, suffers pain in the bladder and left side with tenderness, for three to eight hours.
S. E. S., Ind. Ter.

It may be of the bowels, bladder or ovary. Empty the bowels thoroughly; examine the bladder and ovary by the finger in the rectum and other hand over abdomen. Meanwhile relieve pain and

vesical distress by hyoscyamine and apply iodine followed by hot water bags over the painful parts.—Ed.

Query 215. HYOSCYAMINE you class as a mild hypnotic, and so I have found it on several occasions, when I have given it hypodermically when my hyoscine was exhausted. Wood terms hyoscyamine a delirifacient and calls hyoscine a somnifacient. Is hyoscine derived from hyoscyamine as apomorphine is from morphine?

J. W. G., Pennsylvania.

Hyoscine and hyoscyamine are both true alkaloids, the first a liquid alkaloid, the hydrobromate of which is generally used, the second a crystalline alkaloid. The hyoscyamine amorphous of commerce usually contains some hyoscine. It was at one time supposed that hyoscine could be obtained from hyoscyamine by decomposition, but later investigations have proven this false.

The hyoscyamine amorphous that we use largely contains a liberal quantity of hyoscine, therefore it partakes of the properties of both; and closely represents hyoscyamus. If you want the distinct properties of the two alkaloids, then you should use hyoscyamine crystal for the one and hyoscine hydrobromate for the other.—Ed.

Query 216. I AM also one of the recent converts to the alkaloidal medication, and although I have not mastered the art yet I am getting wiser every day, by careful reading of your most valuable paper. I would rather miss any other journal than the cute little spicy CLINIC. I am not a very old subscriber to the CLINIC yet, but I will still take the liberty of troubling you with a request for a little advice.

A lady, thirty-three years of age, no hereditary taint, married when twenty-two years old, being a seamstress; had three children; now ten, eight and four years old. About five years ago I noticed signs of pulmonary tuberculosis, verified by microscopic examination of her sputa. By persevering use of

the best hygienic and medicinal treatment I have managed to keep her in good condition up to to-day. Now she has small consolidations in both apices, slight cough and purulent expectoration, is well nourished, has passable appetite, and still is able to do most of the housework.

She moved here to Texas a year ago, in hope it would benefit her lungs (which has not been the case though), and here she contracted malaria. This was quickly conquered, but she has since then had frequent tenesmus and desires to go to stool, only one or two fecal evacuations a day, and the rest of the time only passes a little dark, frothy blood. The blood comes from one to three times a day, only two or three drops at a time. I have examined it repeatedly under the microscope, and failed to find tubercle bacilli in it, although they are contained in small amounts in her spata.

I have tried everything to stop it, but in vain. I have used plumbi acetas with opium, salol, bismuth subnit. betanaphthol bismuth, zinc sulphocarbonate, naphthalin, tannic acid, arsenite of copper, benzozol, eudoxine, ergot, silver nitrate, flushing colon with solution of boric acid and alum, tannic acid, silver nitrate, and all of no avail. The flushing caused the most relief, but no permanent effect. I tried the above and many other remedies, in different combinations, but so far with no result.

Now, is it a simple local colonic lesion, is it tubercular, or is it malarial? I have a good microscope and pathological outfit, and although I am no expert at it, I know how to use it, but still I could find no clue to the case. The patient can eat well, is well-nourished, can be around all the time but the abdominal pains (mostly in the left hypochondriac region, sometimes extending to the left iliac region or umbilicus,) the tenesmus and the passage of blood continue. Can you give me some advice in this case? It will be highly appreciated.

C. H. B., Texas.

It may or may not be tubercular. The failure of excellent remedies shows the cause to be untouched. Examine the blood for malaria, the rectum for piles, the colon for scybala in ulcerated pouches. Clear the bowels by castor oil and Anticonstipation granules, put her on an exclusively milk diet and give cotoin, one granule every waking hour.—Ed.

Query 217. A GIRL three years old has incontinence of urine by night, and during the day she sometimes cannot reach the closet quickly enough. Belladonna and ergot do not relieve her. How about atropine?

J. W. M., Texas.

Usually duboisine is preferable; a granule every hour till mouth dries. In this case the sphincter dilates and lets the urine dribble into the urethra and then the desire to urinate is uncontrollable. Daily baths of cold water and rubbing the spine with cold water are indicated, with strychnine,

gr. 1-134, three or four times a day. Try it, please, and report. See also if the urine is too acid, and if so, give lithium benzoate, six granules daily.—Ed.

Query 218. A MAN, fifty years old, with malassimilation in which there is an excess of urea or uric acid formed, which is deposited in the articulations. In January, 1898, the principal joint affected was the right shoulder, which he had held fixed to prevent pain until there was almost complete ankylosis. I gave him a rheumatism diet-slip, and a mixture of potassium nitrate, magnesium sulphate, and wine of colchicum, to keep the bowels open; up to March 7, 21 dry hot-air baths at 300° to 400°; also manipulated the shoulder after each treatment so that at each time he could hang his hat on a peg seven feet high. He then went on an ocean voyage to the Windward Islands for four weeks.

On his return he seemed to be in pretty good health for ten days, when he had a return of his trouble, affecting other parts of his body. I then gave him granules of colchicine, aconitine and glonoin, with Saline Laxative to keep the bowels regular; also lithia tablets, four daily, with as much water as he could possibly be induced to drink (he had objected to my alkaline mixture because it made him have an "all-gone" feeling. This is why I changed to the granules), with hot-air baths to the most painful parts. I kept this up until May 25 with very little benefit.

I then sent him to the Battle Creek Sanitarium, where they gave him their foods with acid fruit juice, electric light, Turkish, vapor and salt baths, packs and massage. He has now returned, after ten weeks of this, afflicted in every joint in his body, unable to walk or dress himself.

What would you advise? I am now using hot-air and continuing sanitarium food, with the fruit juices left out. His bowels are regular.

W. M., Michigan.

Arthritis deformans. These cases are incurable, with present knowledge. They can, however, be greatly relieved.

The best thing is permanent residence in a climate like that of Arizona or Southern California. The man should wear woolen clothing the year round, avoid exposure to cold and wet and persist in using his joints in spite of pain. We would recommend strontium iodide, gr. 30 to 60 every day, in three doses, with arsenic iodide, gr. 1-67 three times a day. After a while substitute iron iodide for the strontium iodide, changing back again, if necessary. If there is fever, administer Defervescent compound. If the case exhibits a more or less gouty character, administer colchicine every morning, gr. 1-134 every hour until there is nausea. For the pain, nothing is

better than lithium bromide, gr. 10 to 30, in a glass of water. For a tonic administer quinine arseniate, gr. 1-67 up to gr. 1-6 or even to 1-2 every four hours.

Do not use Saline Laxative for the bowels, but employ podophyllin, gr. 1-12 to 1-4 every morning. Intestinal antiseptics by the W-A Intestinal Antiseptic tablets, one every two to four hours, is very important, as is also massage with oil, and cod-liver oil internally. Do not apply blisters, as they only aggravate and weaken your patient.

When old methods fail we must enter the field of experiment. Give the above for a month, or as long as he improves, then drop it all and saturate him with calcium sulphide, up to ten grains a day, keeping him smelling a little of it for three weeks, or as long as it helps. Then give three weeks of Nuclein (Aulde) injecting ten minims every day, close to the worst joint, and giving a granule every half hour. Follow up the most promising method.—ED.

Query 219. ENCLOSED find draft for \$2, and in the same mail I send you a sample of sputum, which I wish your pathologist to examine for me.

The patient is a young man of thirty, with no family history of any lung trouble, but last April he contracted a very severe cold, has since had a good deal of cough and lost ten pounds of flesh, but has never been so he could not attend to his business; has no fever, no night-sweats, appetite good. There is no sinking of the chest or dullness on percussion, or any symptoms of tubercle, except the cough, loss of flesh and character of sputum. There is exaggerated bronchial breathing and, I believe, dilation of the tubes.

E. L. F., Illinois.

The sputum has been found to contain the bacillus tuberculosis. No other bacteria were present, which shows that the case is one of tuberculosis, pure and simple, and this is in the young man's favor. It is in cases of mixed infection that we find the formation of cavities. The exaggerated bronchial breathing, together with the bacteriological finding, are sufficient to point us to important indications. The very best thing for this young man to do is to remove to Colorado. This will save his

life, and if he can only make up his mind to remain there, he can keep well and live a long life, barring accidents and other disease.

There are, of course, other resorts, but in Colorado the young man can follow his business, mingle with others besides consumptives and soon lose sight of the fact that he had ever been the victim of tuberculosis.

Besides the climatic treatment, this young man should receive hypodermic injections of eight minims of Nuclein solution once a day, this to be increased gradually, if necessary; also calcium sulphocarbolate, beginning with 30 grains a day and rapidly increasing up to 60 grains, with strychnine arseniate, gr. 1-30 thrice daily, as a vital incitant. Codeine is well added for the cough, alone or combined with zinc cyanide. Should night-sweats intervene, atropine is absolutely the very best thing for them. Cod-liver oil will tend to keep up the man's weight and increase his nutrition. During hot weather it would be well to administer Bovinine instead.

If all this is done now and the young man is wise enough to remove at once to Colorado, the prognosis will be good indeed.—ED.

Query 220. PATIENT aged eighteen, of dark complexion, black spots over body, hemorrhage of the womb, monthlies not regular, appetite very good, bleeding from nose and ear. At times she loses flesh and then she will pick up. This is not giving you much light on the case, but hope it is enough to give you a starting point.

R. M. M., Tennessee.

The black spots may mean melanotic sarcoma, and since she suffers from hemorrhages it may be located in the pelvis. Exclude this first. We hardly believe you will find trouble there. The black spots may be petechiæ, and these, together with hemorrhage from the uterus, nose and ears, would point to scurvy. Do not forget that scurvy can arise sporadically and where you least expect to find it. It results from

malnutrition, for which there can be various causes.

Are this young woman's gums spongy and do they bleed? Have you inquired carefully as to her diet? Do you know if she ever consumes fruits or vegetables? If this be scurvy, secure sufficient rest of body and mind, order nutritious diet, containing plenty of fruit-acids and vegetables. Administer strychnine, quinine and iron, but not the arseniates. Keep the bowels open with Saline Laxative. See that this girl has plenty of fresh air and exercise. The hemorrhages will cease as the condition improves. It may be that you have a case of Addison's disease developing.—ED.

Query 221. GIRL, age eighteen, menstruated at thirteen, troubled with very severe pain each period since fourteen; pain begins with flow and lasts one to two days, except relieved by morphine.

Taking emmenagogues during the preceding week makes pains less severe.

Flow tardy about starting, lasts five days, scant; uterus low at times; otherwise the girl is healthy.

Can you suggest non-surgical treatment?

A SUBSCRIBER.

Give this girl strychnine and iron arseniate, with Nuclein (Aulde), seven granules of each daily, during the intervals. Keep her bowels regular and aseptic. Three days before the flow substitute Buckley's Uterine Tonic one granule every four hours, increasing to one every hour (till effect) when pains begin. Use the hot water bag and hot enemata if needed for pain, but no more morphine.—ED.

Query 222. I have a patient with angina pectoris, and as opium cannot be tolerated in any form, and I have tried about everything I could think of to relieve the pain, without any results, would be glad to have you suggest something to give temporary relief. I have tried none of the alkaloids except hyoscyamine.

A. S. T., Missouri.

I would suggest cicutine hydrobromate, a granule every half hour. The speediest relief is, however, afforded by glonoin, a granule in solution every five minutes. In the intervals, arsenic iodide, three to seven granules daily, should be given with the double object of improving the nutri-

tion of the heart and stimulating the absorption of inflammatory deposits and debris.—ED.

Query 223. ENURESIS. A bright boy of six has always wet his bed. Please suggest the best treatment. Belladonna has failed.

X. P., Ark.

This is a rather important case, because when this habit or disease lasts as long as in this case, there is danger of still worse habits occurring later and the disease ending in death or insanity about the twenty-first year. You will find if you pass a bougie that there is undue sensitiveness of the urethra. If so, I would inject a little euprophen in liquid petrolatum, one part to fifteen. I would also put that boy on rhus, giving seven granules a day, and a full dose of hyoscyamine at bedtime, enough to make the pupils dilate, in a single dose. Also, if the urine is too acid, use lithium benzoate, seven granules a day. The old device of putting a belt on the boy at night with a marble sewn in the back, so as to awaken him if he rolls on his back, is a good one.—ED.

Query 224. A WOMAN, aged twenty-seven, married three years, never pregnant, nor has she ever experienced sexual desire or pleasure. Can she ever become like other women?

* * *

The question you put to me is one which cannot be answered without an examination of the patient. There is a possibility that nothing could be done, as there are many cases of that kind. On the other hand, it may be necessary to do a slight operation similar to circumcision of the male. I have examined quite a number of this kind, and in some have been able to make a cure. It is a disgrace to our profession that so little attention has been paid to such cases, and it is high time that we woke up to a sense of our duty in such matters.—ED.

Query 225. A MAN, aged twenty-six, was thrown from a horse; a week later trouble occurred at once. When he walks the penis draws back and jumps, more so when excited, with a peculiar sensation in the glans, disposition to urinate constantly though he only does so twice a day. At times the peculiar

sensation passes over the leg or the whole body. Headache and vertigo compel him to sit down. He is constipated. When he walks he has the sensation of something dribbling away, though there is not.

W. H. K., Missouri.

Do these symptoms point to anything more definite than a possible rupture of some of the penile ligaments? There may be simply a shock to the general nervous system, or an injury to the penis, spine or some other point whence reflexes emanate. Only examination will clear up this case; our knowledge of physiology is too imperfect to permit a diagnosis.—Ed.

Query 226. A WRITER in *The Medical Brief* speaks of iodide of the oxide of lime as differing from calcium iodide. What is the difference?

S. B. M., Wyoming.

None whatever. Calcium iodide is the iodide of lime. The preparation employed by Drs. Case and Slaven is an iodized oxide of lime, not a distinct chemical combination. Possibly iodine is the true active agent, or some by or transition product, but the effects are certainly not those of the chemically pure calcium iodide.—Ed.

Query 227. PLEASE give me a good differential diagnosis of the different goiters, namely:

Vascular.

Cystic.

Exophthalmic.

Also the difference between goiter and aneurism at the neck.

E. C., Tenn.

The different affections of the thyroid gland with differential diagnosis are briefly as follows:

1. Myxedema, from atrophy of the gland.
2. Cachexia strumipriva, an artificial myxedema, occurring after complete surgical removal of the gland.
3. Goiter, an enlargement of the thyroid, a soft, pulsatile swelling of uniform size. On auscultation, a gentle, blowing murmur is heard, which is due to increased vascularity. It is dangerous on account of pressure on the trachea, causing the lumen to become triangular. Occasion-

ally there is urgent dyspnea from sudden congestion.

VARIETIES.

(a) Hypertrophy of the gland tissues, parenchymatous, fibrous or cystic according as the epithelial or fibrous tissues preponderate, or the natural cavities of the organ are distended, their contents being increased in amount.

(b) Malignant, due to new growth, carcinoma or sarcoma.

(c) Exophthalmic goiter, enlargement of the thyroid, exophthalmos or protrusion of the eye-balls, and tachycardia or rapid and violent heart-action, in this case very violent.

DIAGNOSIS.

That of goiter is generally made from the intimate relation of the swelling to the trachea. It moves up and down with deglutition. All goiters are more or less vascular, the so-called vascular goiter simply consisting of an extreme degree of this. In such cases the congestion and blowing murmur are extreme. Sarcoma of the thyroid is very vascular, large veins being seen to cross over its surface.

The parenchymatous, fibrous and cystic goiters have a doughy feel, the fibrous being hardest, the parenchymatous more doughy and the cystic more or less fluctuating. In addition, the cystic form is diagnosed by inserting an aspirating needle and withdrawing either fluid or mucoid material from the cysts.

The malignant form is rapid in growth and followed by a speedy involvement of the lymph glands. Carcinoma usually occurs after the age of thirty-five, while sarcoma may occur at any time.

In exophthalmic goiter we find the gland enlarged, protrusion of the eye-balls and rapid heart-action. You can, however, have exophthalmic goiter, so-called, with enlargement of the thyroid alone; or with exophthalmos and without tachycardia; or with tachycardia and without exophthal-

mos. The diagnosis is made from the enlargement of the gland and the nervous symptoms accompanying, such as tremor and excessive sweating, involvement of the vaso-motor system manifesting itself by the sweating and the dilation of blood-vessels in different parts of the body. There are "hot flashes," such as are seen at the menopause, and frequently pigmentation of the eyelids. If exophthalmos or rapid heart-action accompany goiter the diagnosis is easy. If there be exophthalmos, the patient will be unable to separate the eyelids widely, there being a tendency to ptosis or drooping of the upper eyelids at or below the upper edge of the cornea (Stellwag's sign). In addition to this, if the patient be asked to shut the eyes together tightly, the performance of this action will be found to be difficult, and the eyelids will tremble. Another sign is Gräfe's: The upper eyelid fails to follow the eyeball when the patient looks down.

TREATMENT.

The general condition of the patient is to be looked after by the administration of iron, etc. Myxedema and cachexia strumipriva are treated by the administration of desiccated thyroids, 3—5 gr., three times a day. The parenchymatous and fibrous forms are best treated by the application, externally, of iodine or iodide of mercury, or the injection of iodine into the tumor. The cystic form is treated by the incision of the cysts, which are to be stuffed with gauze. If there be great dyspnea, the isthmus of the gland is divided as it crosses the trachea. This often cures the goiter. The malignant form is treated by extirpation. Total extirpation is reserved as a last resort. In such cases desiccated thyroids must be administered during the remainder of the patient's life. When operation is done, great care is to be taken lest the recurrent laryngeal nerve be cut, and damage done the vagi. For sudden increase in the size of the tumor, ice is to be applied, and if that fails to give relief,

tracheotomy. In exophthalmic goiter when the heart-action is violent, control it by antipyrin; and the other symptoms, referable to the unbalancing of the sympathetic nervous system, by the administration of splenic extract. If exophthalmic goiter and some other form are found together, the treatment will be as indicated above.

Aneurism of the neck is not apt to be situated where the thyroid lies. If the carotids or innominate artery were involved, the pulsation would be felt over to the side and near the clavicle. There may be symptoms referable to pressure upon the vagi or recurrent laryngeal nerves and other symptoms referable to aneurism in this region. These two conditions should not be confounded. If there were aneurism of a small artery in or under the thyroid, it might be felt to pulsate through the thyroid and there might be a murmur heard through this gland; but unless there were coincident goiter, the fact that the gland was not enlarged could easily be made out.—ED.

Query 228. WILL it be necessary to reinforce the W-A Antiseptic tablet with zinc sulphocarbonate in diarrhea? Dr. Aulde gives that in typhoid where there is diarrhea, and my partner thinks that if the tablets are used for diarrhea more zinc should be added on that account. J. M. W., Missouri.

We emphatically answer, yes. The W-A tablet is not especially astringent—it is antiseptic. Having secured as nearly an aseptic condition as possible with the W-A Intestinal Antiseptic, if the diarrhea keeps up an astringent should be added, and we know of none better than the one you name.—ED.

Query 229. A WOMAN of twenty, one child four years old, dreads pregnancy [small wonder!—Ed.]; heart weak and rapid; some pain after menses begin; uterus healthy; complains of pulsation beginning in the left side and extending to legs, arms, ears, etc.; roaring in ears; nose obstructed every morning by catarrhal crusts; hawks up a little offensive matter. I am giving her cactus. J. N. W., Texas.

It does seem singular to attribute all these symptoms to such a cause, but I be-

lieve that woman's disease lies in the nasal passages. Let her use a nasal douche with Dobell's solution, using the solution warm. Follow this by pouring melted petrolatum into the nostrils or using it with an albolene atomizer.

I think you are right in using cactus. It is just what I would have suggested. Further than this, relief of the nose would probably help the menstrual pains. Dr. Bacon gave us an excellent paper on the connection of the two in 1897 CLINIC.—ED.

Query 230. A MAN, forty years of age; perfectly gray; at twenty-seven had cerebro-spinal meningitis and remained in bed three years. Occasionally he complains of a pulling or squeezing pain from the occipital protuberance to the fifth cervical vertebra, so severe sometimes that he shaves the back of his head and blisters it, which relieves him for quite a while. He cannot bear heat; it brings on these attacks.

He has also severe pain in the spleen; and it seems hypertrophied. He has this pain more severely when he is bilious, and is relieved by blistering. Something slips down and there follows a gurgling sound or expiration like water running into a hole. Can you tell me what that slipping is, and what produces that sound? Also could blistering in that region cause a hardening of the lung?

S. W. P., Tenn.

Do people ever recover fully from cerebro-spinal meningitis? I do not recollect a case in which the patient was not left in such a state that he would better have died. But the persistent use of absorbents for long periods does much good. I prefer mercury biniodide, seven granules a day, for a year, often adding iron iodide in similar doses.

Who can reply to the latter queries? The man may get his bowel through some orifice like Winslow's, or there may be an intestinal diverticulum. But without opening the abdomen a diagnosis is only a guess.—ED.

Query 231. I HAVE employed your treatment in a case of pulmonary tuberculosis, with complete recovery. I gave calcium sulphocarbolate and strychnine arseniate, seeing carefully to the hygiene.

I now have another marked case. Can I improve on the above? D. H. T., New York.

In the CLINICS of February and December, 1897, I have given an outline of this

new method, to which I can add nothing in the space allotted. During the fall or winter I expect to record in the CLINIC the results of another year's work.—ED.

Query 232. MALE, age twenty-three, began masturbating before fifteen, and continued eighteen months, three times a week; then ceased abruptly, and has had nocturnal emissions since, one every fourteen days; at first with strong erection and distinct dreams. Now he may not awake. Testes are small and relaxed. Occasionally at stool he passes a few drops of fluid.

He does not suffer in any way, but it is very humiliating. Would not local treatment with the cold sound, etc., offer much? What about marriage?

READER, Texas.

I do not see any indication for treatment. An emission every two weeks is not abnormal for a continent youth of twenty-three. The testicles will probably prove large enough for all practical purposes. Tell him to quit thinking about it, to keep his body clean and his thoughts pure; to work hard, take cold baths twice a day, avoid meat in excess of the needs imposed by his work, and associate with pure women, and them only. And tell him not to think of marriage until he has some worthier reason than an occasional seminal emission. The case as described is not one of disease. If he did not have the emissions, he would need treatment.—ED.

Query 233. A WIDOW, thirty-four, has twitching of the left lower eyelid; otherwise well and attending to household duties. What can be done for her? W. L. F., Missouri.

A competent oculist should examine the eye, as there may be deep-seated disease, or something requiring correction. Failing this, look to the ordinary sources of reflex irritation, the rectum, genito-urinary organs, bowels, ears, nose and throat. Muscarine has been urged as a useful remedy. Try it with cicutine and hyoscyamine, a granule each every quarter hour till effect.—ED.

Query 234. A WELL-NOURISHED MAN, age fifty-eight, always healthy, tongue clean, teeth perfect, bowels regular, appetite good, digestion perfect, uses no tobacco or stimulants, for five years follow-

ing influenza has had aphthous ulcers of the mouth, from one to five at a time; each lasts ten days, very painful. He may be free six days at a time. Nothing seems to do any good. SUBSCRIBER, Iowa.

Let the man chew a compound rhubarb tablet, finally swallowing it, every night at bedtime. In the morning rinse the mouth with bichloride solution, 1 to 4,000, following with a rinse of hydrastine sulphate, one granule in an ounce of water. When the aphthae appear, touch each with Hydrozone, and if an ulcer forms, cover it with iodoform. Internally give arsenic sulphide, five granules daily.—ED.

Query 235. A MAN, forty-five, for years subject to constipation; nervousness; pain in lower abdomen; no benefit from twenty doctors; bowels only act after large doses, which produce a natural movement, followed in the afternoon by a large discharge of mucus; right testicle wasting; pain over appendix shooting down into testicle. L. P. J., Illinois.

Give him a large teaspoonful of mustard seed every day before breakfast, and six Waugh's Anticonstipation granules before each meal. Lessen the mustard as needed, and the granules later. Give seven W-A Intestinal Antiseptics and silver oxide granules a day, when the mucus is present.—ED.

Query 236. LADY, age forty-one, unmarried; constant pains in limbs; numbness in feet and legs on rising, requires vigorous rubbing to start up circulation; cold feet at times; insomnia; terrible headaches at menstrual periods and often between times; dysmenorrhea with scanty flow; "smothering spells," requiring to be propped up in bed; appetite capricious; chronic constipation, bowels never move without aid of an active cathartic; always tired, with a don't-care-whether-I-live-or-die feeling; heart, lungs and kidneys all right apparently.

J. L. S., Virginia.

Keep the bowels free with Waugh's Anticonstipation granules, and an Eclectic Hepatic twice a week; for dysmenorrhea give Buckley's Uterine Tonic, one every four hours the day before the menstruation, and every one or two hours when pain begins, changing to Saline Laxative for the bowels. Macroton appears to be indicated specifically in this case.—ED.

Query 237. A BOY of seventeen has had for thirteen years vesical catarrh and enuresis; no urethral irritation; penis normal; testicles atrophied; very

stout; good health; somewhat demented; no evidence of masturbation, but is sexually deprived.

A. B. C., Ga.

The case looks hopeless. You have looked for sources of reflex in the genitals and have not found them. Look also to the bowels, rectum, nose, eyes, ears and throat. Blister the glans penis to exclude masturbation long enough for you to note effects. Wash out the bladder with hamamelis, and give strychnine arseniate, a granule every hour till effect; or every half or quarter hour if needed. Do this each day.—ED.

Query 238. SINCE January I have suffered with deafness, giddiness and tinnitus aurium, following la grippe. Kindly give details as to the treatment to which you refer on page 397, July CLINIC.

S. L. T., Penna.

When due to cerebral anemia these symptoms are relieved by glonoin, which sends blood to the head. The effect is short, hence the remedy is suitable for short attacks. If the affection is continuous, atropine is the remedy to be used; while the iron, good diet and hygienic regime are getting the blood enriched. But if the aural affection be due to hyperemia, the remedies are aconitine, colchicine and Saline Laxative, with restricted diet.—ED.

Query 239. WIDOW, age twenty-nine, one child of six years, miscarriage four years ago, since then has had dysmenorrhea and menorrhagia with ovarian pains at each monthly period confining her to bed two days each month; has more or less dyspepsia and passive constipation; at times has spells of melancholy; normal womb; no pain on pressure over the ovaries during the absence of the catamenia; tongue pale, lightly furred; breath kept pure by artificial means; treatment gives only temporary amelioration; thirty days of Buckley's pills with depleting suppositories did fairly well. The easiest period passed in four years was while I was giving chlorodyne granules, three days before and during menses. Next month the same failed. The flow lasts from six to nine days.

J. E. W., Tenn.

The uterus does not always need depleting, sometimes it needs to be fed. Have her insert every night a cotton tampon saturated with Bovinine, removing it next morning and using a very short cold douche. Internally give strychnine and iron arseniates, a granule of each, six

times a day, in the intermenstrual period. Three days before the next period begin giving her helonin, a granule every two hours while awake, changing to Buckley's Uterine Tonic when pains begin, and suspending the arseniates. Whenever there is no pain use the helonin, but give it or the tonic every two hours till the flow is done, then resume the arseniates. Keep the bowels regular with Waugh's Anticonstipation granules in the intervals, but with Saline Laxative when you begin helonin.

If under this treatment the pain does not grow less each month and cease in three months, there is endometritis or some other affection requiring local treatment. Women being human animals, wedlock may be necessary; and surely no one but a brute could blame her if this were so.—Ed.

Query 240. Miss T., aged twenty-three, had nasal trouble since last spring; the middle turbinated was so much enlarged as to almost occlude the passage; treated her with an Eureka nebulizer for six weeks; not receiving any benefit she stopped coming. One month later there was a swelling under the left ear; the glands enlarged and tender. In a few days the swelling had gone down nearly half. At her next menstrual period they enlarged again. About six weeks later the cervical glands became involved; later the glands in the axilla; then the glands on the right side underwent similar changes, the lachrymal glands became affected also.

Has complained of a weak feeling from the first, yet she has assisted in the housework; complains now of pain in the glands, oedema of eyelids and ankles and general weakness. Her appetite is good, bowels regular, menses normal until last period, which failed to appear; urine contains some phosphates, of acid reaction, specific gravity 1018; temperature normal. The glands of the neck are as large as hickory nuts, very firm and tender; she is unable to turn the head on account of stiffness caused by enlarged glands; hearing is impaired. She is gradually growing weak and anemic. My diagnosis has been lymphadenoma, and prognosis grave. M. C. M., Illinois.

Give her arsenic iodide, four granules a day, adding one each day till she begins to show signs of iodism, such as sneezing and running at the eyes. Then lessen the dose a little and keep on. My impression is that the nasal affection should be attacked surgically. The blood ought to be examined, and further treatment suggested by the light of that examination.—Ed.

Query 241. A WOMAN fifty years old; ailing many years; costive; nervous; soreness in stomach relieved by cold cloths; quite thin. She has spells about midnight of bloating, belching, cough, dyspnea; rapid and irregular pulse; great excitability and sits up in bed with abdomen over knees. She dare not eat after 4 p. m. She has piles also and nasal catarrh with deafness.

F. T. P., Iowa.

It looks very much like gastric cancer. See if she has a little fever, and is relieved by lying on her belly. Examine the rectum also, for she may simply have a tight sphincter. Meanwhile keep her on Waugh's Anticonstipation granules and the W-A Intestinal Antiseptics, six daily; with exclusive diet of hot milk. We will wait your further report with interest.—Ed.

Query 242. PETIT MAL, a man of twenty-three. The disease prevailed from his fourth to his twelfth year and reappeared at eighteen, occurring since irregularly, from one to eight attacks in one day, or a week passing with none. He confesses to masturbation from fourteen to nineteen, but not since.

W. W., Texas.

So many things enter into a case of epilepsy that I could not possibly suggest with anything but a mere chance of hitting the mark. Sexual irritation should be looked after and relieved, if present, and the circulation should be kept well open.

I have an idea that this case is due to sexual irritation.—Ed.

Query 243. WHAT is the best treatment for obstructive jaundice?

S. W. P., Tenn.

It depends on the obstruction. If it be catarrhal give sodium succinate, gr. v, and sodium phosphate, gr. xx, four times a day, with plenty of water, for at least a month. But if there is an impacted gallstone go in after it.—Ed.

Query 244. PSORIASIS of two years' standing in a healthy man of thirty-five. Treatment hitherto has failed.

W. W., Texas.

Psoriasis is a parasitic affection and is to be treated accordingly. Good results are often obtained by the use of two granules of sulphide of arsenic, four times a day,

Saline Laxative in the morning and the application of citrine ointment to the spots.

Patience and perseverance are necessary with any treatment and it must be kept up long after there are any local manifestations, or relapse will occur.—Ed.

Query 245. What do you use for abnormally dry vagina? No apparent inflammation.

L. S., Kansas.

Locally, a few drops of glycerin to set up secretion; internally, lobelin is the most powerful known stimulant of mucous secretion, while sanguinarine is best if the tissues are cold and a determination of blood to the parts is needed. Give each for effect.—Ed.

Query 246. A FARMER, thirty, in December began with pain in the chest, shoulder-blades and hips, at times sharp, running down the thighs and to the left testicle, which has been tender at times since mumps some years ago. He has a fair appetite, nausea at times, bowels constipated, with dark stools when worse, yellow when better; bloating in left hypochondrium; urine dark, no albumen or sugar; often alkaline and precipitates phosphates. He is hardly able to work from weakness.

B., Kansas.

It looks like stone in the left kidney, Send some urine for microscopic examination. Meanwhile keep the bowels open with Anticonstipation granules, and give dilute nitric acid, gtt. x after each meal; brucine and caffeine benzoate gr. 1-67, from five to ten granules each, every day; with cannabin, a granule every ten minutes as needed to relieve pain.—Ed.

Query 247. GIRL of twenty-two, menses stopped for five years, following exhaustive nursing a sick father. She has been weak and anemic, appetite feeble or ravenous, vomiting the heavy meals; constipated, flatulent, piles; no fever; palpitation at times; leucorrhea; nervous; sleeps well; thin, with glowing cheeks.

A. B. B., California.

This girl needs management more than drugs. Regulate her bowels with Waugh's Anticonstipation granules, put her on regular limited diet, beginning with milk, four ounces every four hours, eaten hot, gradually thickening it with Imperial Granum till it is nearly solid; with a tea-

spoonful of Bovinine every two hours. Let her get hungry and stay so. As she improves add Eskay's Albumenized Food, a teacupful at bedtime, and only after a month bring her back to regular meals, still confining her to easily digested but highly nutritious food, like eggs, fish, oysters, rice, milk, cream, rare beef, chicken, turkey and the whole line of sour meats. Meanwhile give her Nuclein (Aulde) one tablet, and iron arseniate gr. 1-67, every two hours while awake, keeping them up steadily until the menses return.

I don't like those red cheeks. Perhaps a few granules of quinine salicylate will be needed for low fever.—Ed.

Query 248. FARMER'S WIFE, German, aged forty, mother of seven children, when twenty-four received a shock from lightning, following which her right arm was partially paralyzed for two years. Right eye weaker than left; noise will make her nervous so her head will shake like one with palsy, for one or two hours; she has fallen backwards twice, remaining unconscious for over two hours each time. Is subject to dizziness. Has pain in the head nearly all the time, worse during menstruation. Womb normal, no whites, backache or pain. Chemical and microscopical examination of urine negative; bowels regular, appetite good. Works every day. Eyes fitted by a specialist. Pain worse in summer and wet weather. She can walk and run without any trouble, only gets short of breath.

Iowa.

Hardly a simple neurosis, as the effects of the shock were localized. What is there to do? You can cause absorption of debris by giving mercury biniodide, a granule seven times a day, increased to the verge of salivation, and kept up for three months. You can then restore healthy function to all nervous tissue that is not too far gone, by giving zinc phosphide gr. 1-67, strychnine arseniate gr. 1-134, sanguinarine gr. 1-67, and Nuclein (Aulde) m. 2, a granule each four times a day, rapidly increased to twelve times a day, continued a week; then substitute quinine arseniate gr. 1-67, for the zinc phosphide. But first empty the alimentary canal and asepticize it and you may have a surprise party. Let us know the result.—Ed.

FROM CURRENT LITERATURE

THE PULSE.

When the flow of blood is neither too fast nor too slow we have health, but a variation above or below the normal indicates a disturbance in some part.

When the pulse is above the normal there must be a wrong with innervation, the functions of life must be impaired.

It may depend on the stomach, blood, liver, kidneys; upon secretion or excretion; or on irregularity in the action of the pores which take up oxygen and throw out carbonic acid gas.

Frequency of pulse refers us to sedatives, which free the circulation and equalize it throughout the system. But not always; your patient may be exhausted from hemorrhage. If there is only a functional wrong such as closure of pores, that class of remedies will right the wrong, but if the frequency depends upon some organic wrong other means will be required. If caused by feculent matter which has closed the bowels a simple cathartic is the sedative.

If a sudden cold has settled upon the lungs and you have inflammation use mustard and hot water cloths and give veratrum viride, ten drops to one drachm in four ounces of water, teaspoonful every one to two hours; fluid extract of gelsemium, one-half to one drachm to four ounces of water, a teaspoonful every two hours if nervous. Where cough is very troublesome a small Dover's powder, repeated as required, will both sedate the pulse and check inflammation.

A quick pulse will always accelerate respiration. Check the pulse and you check respiration.

The pulse rise will also cause the temperature to rise, in the proportion of one degree for every ten beats.

A quick pulse causes high temperature, which will arrest secretion, excretion and innervation.

As the pulse is quickened we may judge of the local disease. The higher it runs the more intense the local lesion. A high temperature always denotes molecular death at seat of disease.

To find a curative remedy we must find a remedy which arrests the quickened pulse, and I have failed to find any remedy which acts so kindly as veratrum viride in small doses often repeated when the pulse is full, bounding and strong. But if the pulse is small and wiry I prefer aconite in the fraction of a drop to a dose repeated every hour. Phosphate of iron in third decimal trituration is excellent in children.

I believe in the use of any remedy which will cure the case in hand, no matter where I find it, even if I do borrow my friends' homeopathic thunder. They have borrowed all they have from us.

Frequency is but one characteristic symptom. As the pulse is controlled by the ganglionic nerves, we can easily see why it becomes such a complete index of the organs below.

A sharp, quick pulse will usually show a wrong with the nerve centers, usually of irritation, and as that wave of blood becomes shorter and quicker, the greater will be that irritation. Aconite and gelsemium usually allay that irritation, if given in small doses.

The oppressed pulse refers us to some obstruction in capillaries, usually capillary congestion. Gelsemium and lobelia in small doses, with bath and thorough rubbing, relieve.

The nerves of sympathy are the ganglionic, and control the circulating blood-wave. Hence a little scare or a little excitement will accelerate the pulse. We find this especially in life insurance examinations, often having to make two or three attempts before we can get a true record.

A soft, full pulse, without force, suggests lobelia. But if associated with capillary congestion showing a wrong in that part between the ending of artery and beginning of the vein, it indicates belladonna, baptisia, apocynum, podophyllin, and quinine.

A full, strong pulse will always bear more medicine than the small, wiry, tremulous, vibratile, easily compressed pulse.

A large pulse without sufficiency of blood to fill the caliber of artery, causing a weak impulse, yet large in character, denotes languor, weakness, debility, and re-

quires wholesome, easily digested food, with quinine, pepsin, arsenic, strychnine, and sometimes acids, tepid baths and thorough rubbing.

While a large, full pulse is an indication for veratrum, so the small, wiry pulse means aconite. But never push these remedies too far. Give small doses, and repeat frequently for best results.

A small pulse easily compressed to stop the blood wave, requires alcoholic stimulants, quinine, etc., and if great want of power in the heart, capsicum, digitalis, etc.

A sharp stroke of pulse, but small in wave current, shows capillary congestion, and is the pulse of measles, scarlet fever, or any condition blocking the free flow of blood between arteries and veins, and would call for stimulants to the nerve centers to correct the wrong.

The dull, expressionless pulse is the pulse of local congestion, and requires local and general treatment to the part involved, quinine on general principles, and stimulants.

A small pulse with loss of a beat, attended by weakness, and a tired feeling of left arm, refers to cardiac plexus. Cactus twenty drops, pulsatilla one drachm, water four ounces, a teaspoonful every three hours, will act like magic.

All irregularity of pulse will be benefited by cactus.

An open, soft pulse with a moist tongue, and pores open, will readily be relieved of any special ailment by quinine; but with any kind of pulse with dry, hot skin, and dryness of mouth, we would use the special sedatives in small and often repeated doses, and not give quinine until a moisture of tongue and surface is produced.—Ball, *Med. Brief*.

KRYOFINE AS AN ANODYNE.

The May number of the *Therapeutic Gazette* contains a very interesting article relating to this drug reported by Dr. Curtis, Professor of Therapeutics, Chicago College of Physicians and Surgeons, from which we quote:

For the relief of pain Kryofine acts very rapidly and surely, the relief often occurring within fifteen minutes. The class of cases in which it acts best are of neuralgic type. Of a record of a large number of cases I append four. In no case have I

been disappointed in obtaining relief. Of course pain will return unless the cause be sought for and removed.

Case VII.—Miss W., aged twenty-four; telephone operator. For past three months she has suffered almost continuously with severe lancinating pains in right side of head. For past six weeks she has been confined to bed. She has tried numerous remedies and several doctors with scarcely any relief. The last physician finally gave morphine, each dose of which relieved her for an hour or two. I was called the evening of February 10, 1898, and found her complaining of the pain mentioned. Had not slept for over an hour at a time for several weeks. Scalp was excessively tender, especially on the right side. Photophobia; there was quite a severe acute iritis in the right eye. No history or suspicion of syphilis. Pulse 90, temperature 99°. Tongue coated, bowels constipated; poor appetite; rheumatic diathesis suspected. Gave eight grains of Kryofine and repeated in four hours. Next morning found patient had slept all night for first time in weeks. Entirely free from pain, but scalp excessively tender. Prescribed a laxative, seven grains soda salicylate every four hours, and atropine and hot applications for the eye. Also directed patient to take Kryofine upon the return of pain. This was done upon several occasions for two or three days, and pain has not been severe since the first dose, and has not returned after the third day. Recovery complete.

THE INJURIES OF PARTURITION; THE TIME, METHOD AND REASONS FOR THEIR REPAIR.

Dr. A. H. Tuttle, of Cambridge, Mass., presented a paper with this title before the 1897 meeting of the American Medical Association, at Philadelphia. He stated that he had been prompted to write upon this subject by daily observation of neglected cases. The subject is certainly a most important one from the standpoint of the moralist, as well as of the gynecologist and hygienist.

The importance of the immediate repair of the torn perineum and the incompetency of the average obstetrician to make a satisfactory repair of the injuries peculiar to parturition, except where they are of minor

degree, are mentioned in the same breath. Imperfect results are due to indifference for careful technical work; this latter arising from a tendency to make light of an injury which (they assume) may cast reflection on their ability as obstetricians. In his opinion primary repair requires greater skill and better surgical technique than a secondary operation. This is certainly true.

A neglected cervical tear is a common cause of subinvolution of the uterus with subsequent displacement and catarrhal inflammation. With neglect of the cervix comes indifference for deep vaginal tears.

The pelvic cellular tissues are exposed to external infection in two ways. One is by a deep tear of the cervix; the other is by a tear of the vagina which extends from a point in the roof or side and runs parallel with the urethra close to the neck of the bladder, to terminate internally near the cervix. This injury may be bilateral and may be overlooked. It is declared to be one of the most frequent causes of a form of inflammation which is represented clinically by simple phenomena, but which becomes a source of great after-trouble owing to adhesions about the ovaries and the anchoring of the uterus in an unnatural position. This explains cases of firm adhesions of the ovaries with absence of tubal disease, and other adhesions about the pelvic organs.

A distinct form of puerperal septicemia, in no way connected with infection by way of the uterus, follows neglect of such cases.

Repair of tears through the floor of the vagina is useless unless the levator ani muscle be borne in mind. Tears involving the bladder and urethra, resulting from pressure necrosis, are rarer now than formerly, owing to the timely use of forceps. In rectal tears both sphincters are at times torn and in important lacerations the levator ani is injured.

The author feels justified in stating that it is absolutely wrong for the obstetrician to attempt repair in these cases without competent assistance and proper instruments, disinfection, etc., or to do the work in an incomplete manner, as giving a good external appearance while neglecting deep and more important structures.

The question of time since the labor is no excuse for indifferent treatment; nor

the fact that the physician is worn out by attending a long labor.

In many cases the period of convalescence would be greatly shortened by complete primary repair. In view of the above, the following recommendations are to be made:

When the injury consists of more than a simple tear apply a wet bichloride pad to the perineum and let the woman rest an hour in order to prepare for the operation and obtain assistance. If the injuries have occurred at night no harm is done by waiting until morning. The operation should be aseptic and as carefully performed, in good light, as any major operation.

The following conclusions are those which the author draws and are certainly directly in line with the best teaching of the times:

"In my opinion, the obstetrician who today boasts that in his practice he has no lacerations of the cervix or perineum proclaims to the world his ignorance of this branch of his profession. It is as much the duty of the obstetrician to his patient to see that she is properly repaired as to see her properly delivered. The public should be educated to the fact that injury to the soft parts of the parturient canal is often inevitable, and that such injuries only cast a reflection on her professional attendant when their after-treatment is neglected. The physician in whose practice a severe laceration of the parturient canal has occurred can protect himself in no better way from a legal attack on alleged malpractice, than by calling in assistants, who serve as witnesses, within twenty-four hours of the time of the accident, and repairing properly, or offering to, the injuries which his patient has sustained. There is no better time to repair the injuries of parturition than within twenty-four hours of the time of their occurrence. Such immediate repair of the injuries will often hasten convalescence and prevent, in many cases, severe pelvic complications. The obstetrician should be educated to do this part of his work in a more careful and thorough manner. The injuries already sustained by multipara in previous labors should be an incentive, rather than an objection, for the careful treatment of lacerations of her present delivery, because a repair of her total injuries can be accomplished at the same time."

SOME REMEDIES IN SUPPOSITORIES FOR CHILDREN.

The following has been taken from Pediatrics and altered to suit the administration of alkaloids in place of the unreliable crude drugs:

(*La Med. Mod.*, 1897, viii., 397.) In children it is often not practicable to administer medicine by mouth, as their digestive apparatus is frequently delicate and will not bear medicines. Stronger remedies easily provoke vomiting and diarrhea, and thus lose their effect. At times the child will also object to the administration of any medicine, and it must be given by force, which is a distressing operation. It is altogether different when the medicine is given *per rectum*, which may be done without the patient being aware of it. The indication for the use of medicated suppositories is, therefore, met with more frequently in children than in adults. Absorption by the rectum is perfect, but varies in different conditions. It does not take place as rapidly as by the stomach and intestines. We may, therefore, always employ as large a dose as when we give it by mouth and increase the dose after we have studied the child's tolerance.

It is best to dissolve the remedy in the suppository, and thus gradually get its effect.

Opium—Morphine sulphate may be given in a suppository in doses of 1-6 of a milligramme (gr. 1-400) for each year of the child's age, and this dose may be repeated in severe cases every two hours. Toxic symptoms should be carefully watched for and the remedy discontinued on their appearance. These doses are small ones and may be increased.

Aconitine shows its action in children only in large doses. We must, therefore, administer it in repeated small doses to obtain its effect. For example, gr. 1-134 for each year of the child's age, plus one more, can be used and the mass divided into as many suppositories as are desired in twenty-four hours.

Atropine acts as an excellent sedative in cough, exerts a very favorable influence on the muscle-fibers of the intestine, and has other excellent effects well known to dosimetrists. We may use gr. 1-1000 four times in twenty-four hours for every two years of age.

Digitalin. The maximum dose for each year of life is gr. 1-67 divided into three suppositories.

Caffein is usually injected subcutaneously. It may, however, be administered in a suppository with equal parts of benzoate of sodium, for example, ten centigrammes (1 1-2 gr.) to a suppository, using two daily for each year of the child's age.

Quinine is best given in suppositories, the daily maximum dose being fifteen to twenty centigrammes (21-3 to 3 grs.) in two suppositories, to each year of life.

Antipyrin may be given in the same dose.

Acid salicylate, fifty centigrammes (7 3-4 gr.) for each year of life, in divided doses of three or four.

Brucine. One-half milligramme for every year in three suppositories. Strychnine should be given only to children over ten years of age.

Mercury should only exceptionally be given *per rectum*, and then only in the form of calomel, five centigrammes (gr. 3-4) in a suppository for each year of life.

Bromine preparations should be given in the same doses except in severe spasm, when we may exhibit one gramme (gr. 15.4) for each year of life, in two suppositories, rapidly following each other; for example, in laryngismus stridulus.

The above is a general review of the drugs mainly used in rectal medication in children. Where tolerance has been established the doses should be increased.

TUBERCULOSIS AND ITS TREATMENT BY THE LATER METHODS.

The Journal of the American Medical Association, July 23, '98, presents a report of A. G. Deardorff, M. D., San Francisco, made to the annual meeting of the American Medical Association at Denver, of twelve cases of tuberculosis treated with serum made by Paquin, of St. Louis, with four cases in first stage recovered, in second stage two greatly improved, one well in the third stage and several benefited.

In conjunction with serum, Dr. Deardorff advises tonics, cod-liver oil, antiseptic sprays in the throat and lungs of boro-lypsol, Listerine, etc. When pus exists in the sputum he uses the Anti-Strepto-coccus alternately with the anti-tubercle.

AMONG THE BOOKS

WHAT A YOUNG MAN OUGHT TO KNOW.

The second volume of the Self and Sex Series is before us. In this the author shows a decided improvement. He becomes more at home as his audience is older, his style is more natural and his argument presented in better shape. Indeed, it is not easy to conceive how his difficult subject could be handled more delicately or effectively. Viewing the work from the standpoint of the parent, it is quite well-suited to its object. Looking upon it from the medical outlook, it is to be regretted that the author did not consult more recent authorities, as much of his matter is not in accord with modern belief.

But this is less important—the merits of the book far outweigh its defects.

Parents may, without distrust, place this volume in their sons' hands, being careful to see that the somewhat exaggerated statements as to the evils of bad habits do not plunge the reader into a morbid melancholic state.

ANTISEPSIS AND ANTISEPTICS,

By Charles Milton Buchanan, M. D., Professor of Chemistry, etc., Nat. University, Washington, D. C. Published by the Terhune Co., Newark, N. J. Cloth, pp. 350, 12mo. In the eleven chapters are discussed the history of antiseptics, the theory of infection and the means of combating it. The work is an exceedingly valuable manual of antiseptic appliances, and should be in the hands of every physician who wishes to use these agents intelligently and discriminatingly. It is strictly a laboratory work and no knowledge of clinical applications is claimed or exhibited.

FLINT'S ENCYCLOPEDIA OF MEDICINE AND SURGERY.

The second (1898) edition has been issued. It contains 1,555 pages. The price is \$5.00 bound in cloth, \$6.00 in leather or half morocco. The publishers are J. B. Flint & Co., 104 Fulton St., New York.

Excepting a few references to Alkaloidal medication from French sources, we have not found anything in this book that would not have been up to date twenty years ago, but not since.

CLINICAL DIAGNOSIS.

By Dr. G. Klemperer, Professor at the University of Berlin. The Macmillan Co., 66 Fifth Ave., New York. Cloth, pp. 292. Price \$1.00.

The fact that Germany has taken seven editions in seven years shows that a small, well-written work upon modern diagnosis is desired. I have been favorably impressed with this book; and when you have secured your microscope and learned to use it, you cannot do better than get a copy of Klemperer as a manual.

HOSPITALS AND CHARITIES, 1898.

The Year Book of Philanthropy and the Hospital Annual. By Sir Henry Burdett, K. C. B., London. The Scientific Press (Ltd.); cloth, pp. 1971. This volume contains "a review of the position and requirements and chapters on the management, revenue and cost of the charities; an exhaustive record of hospital work for the year; the most useful and reliable guide to British, American and colonial hospitals, asylums, medical colleges, religious and benevolent institutions, dispensaries, nursing and convalescent institutions." Sir Henry Burdett is the author of ten works upon hospitals and similar institutions and editor of *The Hospital*. The book is a mine of information for those interested in hospitals and charities.

A NEW COMER.

We find among our exchanges the initial number of *The Psychiatrist*, issued by the staff of the Illinois Eastern Hospital for the Insane. The journal "presents the results of clinical observation and investigations in the micro-chemical, pathological and newly-added psychological laboratories."

It is a quarterly at \$2 per annum. This

number containing sixty-six pages besides two plates and a flashlight photograph of Governor Tanner.

HOW TO LIVE LONGER AND WHY WE DO NOT LIVE LONGER.

By J. R. Hayes, M. D., Philadelphia, J. B. Lippincott Co., 1898, 12mo, cl., p. 191.

This book treats of inherited disease, sanitary marriages, personal hygiene, especially of the nervous system, suggestive methods, alcohol, tobacco and similar topics. It is a good book for the doctor and for his patient.

WEBSTERS' DICTIONARY.

In spite of the cyclopedic dictionaries issued by several publishing houses, the old reliable "*Webster's Unabridged*" holds its place in the public estimation. A fine new edition (1898) has been issued by G. & C. Merriam Co., Springfield, Mass., bringing the work fully up to date. Two copies are to be found in the CLINIC offices.

MATERNAL IMPRESSIONS.

By C. J. Bayer. Published by Jones & Kroeger, Winona, Minn. Cloth, 8vo., pp. 256, 12 illustrations. Price \$1. "The fundamental idea of maternal impression is, that the mother's idiosyncrasies, her likes and dislikes, good or bad humor, gentle or ugly and mean spirit, affect the forming brain and body of her offspring, thus shaping its physical structure and endowing it with characteristics which differ from its parent in accordance with the mother's mood, as differing as she is different from her normal condition."

This may be taken as the text upon which the book is based. As to whether Mr. Bayer has proved his case, we will quote his own citation from that master dialectician, Huxley: "There is a path which leads to truth so surely that any one who will follow it must needs reach the goal, whether his capacity be great or small; and then is this our guiding rule by which a man can always find this path and keep himself from straying when he has found it. This rule is: 'Give assent to no propositions but those the truth of which is so clear that they cannot be doubted.'"

Against the theory of maternal impres-

sion there is this anatomical argument: The only connection between the mother and child is through the blood-current, as the tissues of the umbilical cord do not contain nerves, and the placenta is only adherent to the inner surface of the uterus. If mental impressions are transmitted along the blood-stream, there being no other possible channel, a new function of humoral physiology must be assumed, of the existence of which there is as yet no scintilla of corroborative evidence. This being settled, what evidence can there be of the reality of maternal impressions? Only the sequence of certain phenomena in the child following certain phenomena in the mother. That these sequences are consequences is an assumption not capable of direct proof. If they are proved to be invariable, the inference is strongly in their favor; and every instance of their verification strengthens the argument, while every failure weakens it. But proof requires that the occurrence of the phenomena in the child should be predicted before its birth, from the mother's phenomena; for the emotions, actions and incidents occurring during pregnancy are so many and so varied that almost anything occurring in the child's history can be made to hinge upon something happening during its pre-natal life.

Those who are interested in this question will find Mr. Bayer's book well worth perusal, whether they agree with him or not.

PROGRESS OF LIFE AND THOUGHT.

By A. W. Richards, Indiana, Ia. A singular book: the record of the life and thought of a chronic invalid, a paralytic, who tells his history, illustrates with the portraits of his family; and altogether makes a book of 363 pages on what interests himself—but, I fear, nobody else. A mass of egotism and—a world of pathos.

THE ELECTRO-THERAPEUTIC GUIDE.

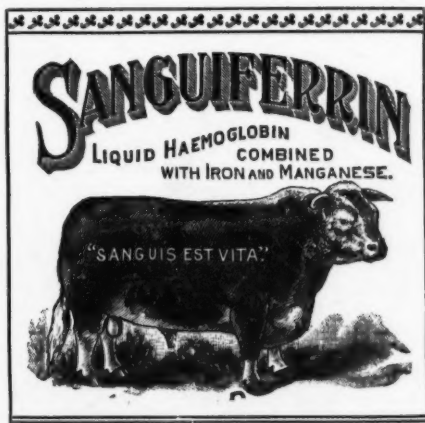
Wm. F. Howe, M. D., author and publisher, Indianapolis. In its fifty small pages are given the rudimentary facts of electrical science; descriptions of the mechanism and care of batteries, the currents, apparatus, terms in use and primary applications in treatment. If one is a beginner this is what he needs.

THE FOOD THAT NOURISHES
FROM
INFANCY TO OLD AGE
IS

ESKAY'S
Albumenized
FOOD

in which is combined Egg-albumen with Cereals
a combination that renders this food not only the best substitute
food for healthy infants but invaluable in the treatment of gastro-
enteric troubles of both infants and adults. Full clinical reports
and samples mailed upon application to

SMITH, KLINE & FRENCH CO., Manufacturers, Philadelphia.



INDICATED IN

ANEMIA, CHLOROSIS,
LEUKEMIA, WASTING
DISEASES, LOSS OF
BLOOD, RICKETS,

BRIGHT'S DISEASE,
RE-CONVALESCENCE,
GENERAL DEBILITY,
NERVOUS WEAKNESS,

and as a general reconstructive
after surgical operations.

Write for Descriptive Literature.

SANGUIFERRIN PHARMACAL CO.

ST. LOUIS, MISSOURI.

Please mention THE ALKALOIDAL CLINIC when writing.



STUBBORN CASES

Every physician frequently encounters cases of Leucorrhœa and Gonorrhœa which seem to defy ordinary treatment. Antiseptics which usually give relief are ineffective in these extreme cases.

When all else fails—when it appears that the germs in the genito-urinary organs cannot be destroyed—try

TYREE'S ANTISEPTIC POWDER

A teaspoonful dissolved in a pint of water and used as an injection three or four times a day will quickly relieve the most stubborn and chronic cases.

This powder is indicated only in diseases that proceed from the peculiar pathogenic germs which cause disagreeable discharges like Leucorrhœa and Gonorrhœa. For these it is a positive specific, having no toxic effects whatever and not staining linen.

ENDORSEMENT

"As regards TYREE'S ANTISEPTIC POWDER, it affords me pleasure to say that I have personally used it several times, and find it of very great value."

GEO. F. HURLBURT,
President Woman's Hospital, St. Louis, Mo.

If TYREE'S ANTISEPTIC POWDER does not do all that is claimed for it, the purchase price will be cheerfully refunded. Sold to the profession and advertised in a strictly ethical manner. It is entitled to a fair trial—that is all I ask.

HALF-POUND BOX, 75c. BY MAIL POSTPAID.
SAMPLE PACKAGE FREE ON REQUEST.

J. S. TYREE, Chemist, Washington, D. C.

The Price Talks

Regular Harvard Surgical Chair for \$50.00.
Never before sold for less than..... \$75.00.
Cash in thirty days..... \$45.00.



Easy.. Terms

This chair (complete outfit) shipped upon receipt of \$10.00, balance \$5.00 per month.

Buy the best and take advantage of this offer by ordering at once.

Descriptive circular, showing different views of chair and its acknowledged superiority, sent on request.

WAS
\$75

NOW
\$50

CASH
30
DAYS
\$45

A. C. CLARK & CO.
908 Masonic Temple, CHICAGO

General Agents
The Harvard Co.